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ABSTRACT

This document is a collection of the second session of hearings on drug abuse in the schools, conducted for the House of Representatives' Select Committee on Crime. This particular part delves into the drug problem in Miami, Florida. Witnesses from this city whose statements were heard in the 1972 hearings include school teachers, former drug addicts, undercover police officers, district attorneys, school principals, and executive administrators of city school systems. Relevant data are included in tables and charts throughout the documents. The findings on the other cities involved in these hearings can be found in the ERIC collection. (SES)

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DRUGS IN OUR SCHOOLS

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HEARINGS

BEFORE THE

SELECT COMMITTEE ON CRIME

HOUSE OF REPRESENTATIVES

NINETY-SECOND CONGRESS

SECOND SESSION

MIAMI, FLA.

JULY 5, 6, 7, 1972 — MIAMI, FLA.

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Printed for the use of the Select Committee on Crime
(Created pursuant to H. Res. 115)

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DRUGS IN OUR SCHOOLS

WEDNESDAY, JULY 5, 1972

House of Representatives,
Select Committee on Crime,
Miami, Fla.

The committee met, pursuant to notice, at 10:40 a.m. in the auditorium, Charles Drew Junior High School, Miami, Fla., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Brasco, Mann, Rangel, and Keating.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; Jack Blumenfeld, special counsel for Miami hearings; and Leroy Bedell, hearings officer.

Chairman Pepper. The committee will come to order, please.

I am sorry that we are a little bit late in opening this morning. The members of the committee are coming here from different parts of the country, and some of them are a little tardy in arriving from one place or another.

But we have here today our distinguished colleague, the Honorable James Mann from South Carolina.

We have the chief counsel, Joseph Phillips, and the associate chief counsel, Michael Blommer. Our local counsel, who has done a fine job in helping us set up and arrange these hearings, is Mr. Blumenfeld. He is with the State attorney's office here.

I see that our other distinguished Democratic colleague is just arriving, and when he gets up so we can see him, I will introduce him.

We have our distinguished member on the Republican side, Congressman William Keating of Ohio.

The other members will be coming in later.

On June 19, 1972, the U.S. House of Representatives Select Committe on Crime initiated, in New York City, an extensive series of hearings which will take us to various cities and suburbs across the Nation. These hearings are concerned with drugs in our schools—a condition which has become so extensive and so pervasive that it has assumed the proportions of a national scandal. Our hearings are designed to determine the extent to which drugs are being bought, sold, and abused by children in our schools.

More importantly, however, the committee will inquire into the abject failure of our governmental institutions—especially our schools—to aggressively attack the problems and control the increase in narcotics abuse by school-age children. In some cities the school drug education programs which have been brought to our attention have been the cause rather than the cure of additional drug abuse. Some school systems have no policy or program to contain drug abuse. In fact, this committee staff has been advised that there is no point in identifying school-age drug abusers because neither the school system nor any other governmental institution has an effective program for giving that child remedial attention. If this be true, our schools are not performing their fundamental responsibility and are truly failing our Nation's youth. Our staff has also found that some systems merely suspend the child when they determine he has a drug problem. The fact that no effort is made by such school systems to rehabilitate these children is disastrous. The youth continues his drug addiction and rapidly becomes involved in continuous criminal activity—with all the deleterious social problems that entails.

Most regrettably, the policy of most school boards seems to be one of turning away from the problem by refusing to acknowledge the extent to which its exists at the local school level. Sweeping this problem under the rug, as has been the case, is a tremendous disservice to our youth and our community.

As the President proclaimed last year, our Nation is presently involved in a national drug epidemic—a national emergency. The number of drug addicts has been steadily and alarmingly increasing—from 315,000 in 1969 to 559,000 in 1971. Most tragically, the overwhelming portion of that increase has been among our Nation's school-age youth.

Recently a national commission found that 6 percent of our Nation's high school pupils had used heroin. That means that 1½ million of our schoolboys and schoolgirls are already gravely endangered by that deadly menace. Experimenting with heroin or any other hard drug can only lead to a life of crime, degradation, and death.

This same national survey showed that 8 percent of this country's high school youth—2 million young people—have tried hallucinogenic drugs such as LSD, mescaline, and peyote. About 5 percent have tried cocaine, 8 percent have used methamphetamines or "speed," 7 percent have tried barbiturates, and 5 percent have tried pain killers, such as morphine and codeine. Twelve-year-olds are experimenting here in Miami with heroin which they can buy in the school yard; young girls and boys are "popping pills" of all kinds; and 13-year-olds are buying dope from their 15-year-old school friends.

In New York we found that drug abuse and the crime integrally connected with it was corroding and destroying the very fabric of the school system. According to many responsible officials, the schools had become sanctuaries and havens for drug sales due to the laxity and ineffectiveness of the school officials. Drug abuse in New York City's schools has become so pervasive that it is scandalous—it is spreading most tragically like a raging and uncontrollable epidemic.

Although the condition in Miami is not nearly as desperate as New York, the drug abuse situation here is grave. We are in the midst of a serious drug epidemic in its nascent or preliminary stage. If Miami does not take immediate steps to control and contain this deadly contagion, it can easily be predicted that the devastation which has occurred in New York will happen here.

According to recent reliable estimates, there are presently between 7,000 and 14,000 heroin addicts in Dade County, a fantastic increase over previous estimates. This means that one in every 137 residents is a hard-core drug addict. The average addict in this community is white, male, single, and between 19 and 25 years of age. He spends between $40 and $60 a day on $10 bags of heroin. Addicts obtain a good deal of the money to purchase drugs from stealing. In Dade County, of the $58 million worth of stolen property taken each year, more than half can be attributed to addicts.

The drug abuse situation has already assumed deadly proportions in the Miami area. Over the last 5 years, more than 450 people have died of drug overdose or drug-related causes. In that period more than 70 teenagers have died as a result of drug abuse. In the last 2 years school-age children's drug deaths have more than doubled—increasing more than 200 percent.

The youngest child to die of a drug overdose in Miami was Carolyn Ford, who was only 14 years old when she died of a heroin overdose. Previously suspended from school for disruptive conduct, she was given no alternative educational program or other medical assistance for her drug problem. Her case demonstrates the bankruptcy of a school policy which provides for suspension of the drug user without any appropriate alternative reclamation program.

Although Carolyn Ford was suspended from the Reston, Va., school system, the result would not have been any different if she had attended school here—for we are advised that Miami follows the same policy of suspension without rehabilitative followup.

In addition to the growing number of deaths caused by narcotics, there has been a substantial increase in drug overdoses treated by hospitals in Miami. In one hospital alone—Jackson Memorial—there are often as many as five drug overdoses reported a day. In one 6-month period in 1971 that hospital alone reported 450 drug overdoses. It is absolutely shocking that 30 percent of these overdoses involved adolescents. What is even more startling is that none of the individuals who survived the acute drug overdose were given any post emergency or post hospitalization followup or treatment for drug addiction.

Although the narcotics addiction problem has many important facets, our predominant focus during these hearings will be on drugs in the schools.

The Miami school system is one of the largest in the country. It has approximately 240,000 students and 20,000 employees. It operates schools and other facilities in 230 locations throughout Dade County. The school system's 109,000 secondary students are educated in 22 senior and 39 junior high schools. The drug abuse problem in these schools is widespread and it is consistently growing worse.

Drugs abused in Miami schools include heroin, cocaine, amphetamines, barbiturates, LSD, and other chemicals which are "sniffed" or inhaled. The students who take these drugs come from every major socioeconomic, religious, and ethnic group.

The drugs used by these students are most commonly bought and sold right on the school grounds. It is most disheartening to note that the drug pusher in our schools is not the usual criminal but is most often one of the school students.

Both in school and out of school drug arrests of Miami school students have been skyrocketing. In relation to out of school activities, in the last 3 years there has been more than a 300 percent increase in narcotics arrests of children under the age of 18. The school drug arrests for the same period have jumped more than 400 percent—they have quadrupled. School authorities have estimated that 6 percent, or more than 6,000 secondary school students, have been adversely affected in their academic performance by drugs. Many witnesses have told the committee that the 6 percent is grossly understated. More than 12 percent of Dade County's addicts who are receiving methadone treatment are school-age children.

During the course of our hearings the committee expects to hear evidence establishing that teachers are unable, or unwilling, to cope with students high on drugs. When a student is found to be under the influence of drugs in class, he is usually ignored unless he disturbs the class. Problems brought to the attention of school officials are handled "in house" via suspension for a few days or some other disciplinary measures. Police are usually not notified for fear of publicity which could result in the school acquiring a bad reputation and consequent demands by parents for improved conditions. This, of course, would be looked upon as a threat to the administrator's tenure. Teachers are often no better prepared than parents to recognize and effectively deal with drug-related problems.

The school effort in combating the drug menace has been such a dismal failure that on May 9, 1972, the Dade County Grand Jury described it as "completely ineffective. It is a charade." In addition, the school's drug education program is also ineffectual. A leading authority has found that these programs are of "doubtful effectiveness."

It appears, moreover, that the board of public instruction is unwilling to cooperate with those agencies of the government who are initiating important efforts in this field. The failure of the board to conduct a survey of drug abuse in the schools when requested to do so by the county manager is a clear indication of this.

In the course of our hearings we will also inquire into those rehabilitation programs presently in existence and available for the school-age drug abuser. The committee will hear evidence that "there is no well coordinated, efficient drug treatment system in Dade County." The present system is "unevaluated," "unplanned," and "disjointed." Evidence will also be adduced which shows that neither blacks nor individuals with Spanish surnames are fairly represented in the existing privately funded rehabilitation programs. Nearly 95 percent of those receiving remedial consideration are white. When contrasted with the drug addict population it is clear that there are inadequate facilities for members of minorities.

In conclusion, it appears that concerted and determined effort by the National, State, and local governments is desperately needed if this crisis is to be abated. The Federal Government must take an active and prominent role in the fight against drug abuse, especially at our schools. We cannot let these young children's lives turn into crime, degradation, and death. It is my hope that these hearings will be the first step in a march which results in reclamation of these young drug users. We hope it is the beginning of a national commitment to assure drug-free schools.

We will be taking testimony from leading authorities concerned with the problems of drug abuse. We will hear from a cross-section of the school system, including Dr. Ben Sheppard of the Dade County School Board, representatives from the division of instruction, district drug counselors, and classroom teachers. Additionally, we will call a number of school-age youngsters who have been in the drug scene and can testify from firsthand experience about the crisis in our schools. The Select Committee on Crime will hear from various law enforcement officials who are charged with the responsibility of enforcing the drug abuse laws. We will also call a judge of the Dade County Criminal Court of Record.

Other witnesses include people involved with this problem on a day-to-day basis—the representatives from some of the drug rehabilitation facilities here in Dade County. In addition, we hear from a deputy medical examiner who will document the increasing toll that drugs are taking on our young people. To see this on a personal level, we will hear from some parents who lost their children as a result of drug usage.

Early in the life of the Select Committee on Crime, its members pledged to bring the concern of the Congress directly to the people. We have held our hearings in formal hearing chambers of Congress as do most committees. However, unlike most committees, we have gone out into communities as well.

Because the subject of these hearings is the problem of increased drug use by school-age children, as we have scheduled sessions in area schools.

Today, we are at Drew Junior High School. On Thursday, we will hold our hearing in the auditorium of North Miami Beach Senior High School and conclude on Friday at South Miami Senior High School. Additionally, members of the committee will visit the Seed on Wednesday evening following the day's recess.

Now, Mr. Phillips, will you call the first witness?

Mr. **Phillips**. Mr. Chairman, the first witness today is Prescola Beneby.

Mrs. Beneby, will you please come forward and sit in the middle chair?

Chairman **Pepper** I am pleased to recognize in the audience today Mrs. Fletcher whose son was a victim of drug addiction. She has done such a magnificent job as a leader in the Concept House. We are happy to have her with us.

Mr. **Phillips**. Mrs. Mock, will you also come forward and have a seat at the witness table with Mrs. Beneby?

Mrs. Fletcher, will you please have a seat at the witness table with Mrs. Beneby and Mrs. Mock?

Thank you very much.

STATEMENTS OF PRESCOLA BENEBY, JUNE MOCK, AND SHIRLEY FLETCHER, MOTHERS OF DRUG-ADDICTED CHILDREN, MIAMI, FLA.

Mr. **Phillips**. Mrs. Beneby, I want to thank you on behalf of the committee for coming here and giving us the benefit of your child's experience.

I know it was a very tragic experience. Would you tell the committee, Mrs. Beneby, exactly how your son first became involved with drugs and how old he was when this happened?

Mrs. **Beneby**. My son was about 16 years old when he became involved with drugs.

Mr. PHILLIPS. Tell us what drug he first became involved with and how you found out.

Mrs. BENEBY. Marihuana was the drug that he started with.

Mr. PHILLIPS. How did you find out? What did you notice about him? What led you to believe he was involved with marihuana?

Mrs. BENEBY. Well, I noticed at first he started smoking cigarettes, and somehow I got the idea he was on marihuana.

I asked him the reason why he was smoking, and, well, he said the cigarette was a friend of his, and I said, "No, because if it was a friend you would not have it here," and I told him, I said, "You are using marihuana, and I think you are smoking cigarettes, because it will be in place of the odor," you know, "the odor would give you over if you did not smoke cigarettes, and I would detect it, that you were on marihuana. So, I think you are just using the cigarettes because you are trying to keep the odor of marihuana down."

Later on, I went into his room and I found a little package of weed. And also I found some paper wraps that they use for the marihuana, and I asked him if these were his, and he tried to deny it but I found out that he was using marihuana.

Mr. PHILLIPS. So, you actually found the papers that he was using to roll the marihuana in his room?

Mrs. BENEBY. Yes.

Mr. PHILLIPS. And you confronted him with that, and then you said, essentially, "I found these papers and you use them for marihuana." What did he say?

Mrs. BENEBY. He tried to deny it, and he said "No."

Mr. PHILLIPS. Was he attending school at that time?

Mrs. BENEBY. Yes, he was.

Mr. PHILLIPS. What school was he attending?

Mrs. BENEBY. Miami High.

Mr. PHILLIPS. And do you know how he was doing in school?

Mrs. BENEBY. Well, he seemed like he was doing all right until his last year of high school, he seemed to act a little different, I would say.

Mr. PHILLIPS. Could you tell us whether you ever observed him under the influence of marihuana?

Mrs. BENEBY. Well, after he had smoked the marihuana, I noticed he began to sleep quite a bit. It seems like he started acting a little different and getting a little nasty in the home, talking back and what not, and staying out late hours. All of this started after he started smoking marihuana.

Mr. PHILLIPS. Did you ever determine that he was using heavier drugs than that?

Mrs. BENEBY. Yes. Later on, I did.

Mr. PHILLIPS. Would you tell us about that?

Mrs. BENEBY. Well, later, I found out that he was on heroin.

Mr. PHILLIPS. How did you find it out, Mrs. Beneby?

Mrs. BENEBY. Well, I happened to be out shopping one day, and I came home, and my children were there and they told me that he and another friend were in a room and they were using heroin. And I asked them how did they know, and they—well, they saw the bottle of water and the syringe that was used.

Later on, I went down and I made a search, and I found these things. There was a spoon, a syringe, a little bottle of water that had been used.

Mr. Phillips. And how old was your son at that time?

Mrs. Beneby. At this time he was about 18.

Mr. Phillips. And he had progressed from marihuana to heroin?

Mrs. Beneby. Heroin, yes.

Mr. Phillips. Now, did he also get into some trouble with the police?

Mrs. Beneby. Yes, charged with possession of marihuana.

Mr. Phillips. Can you tell us about that?

Mrs. Beneby. Well, he was over at Miami Beach; he was arrested for shoplifting which I believe he was doing to supply his habit.

Mr. Phillips. Now, did there come a time after he was arrested when you asked for help for your son?

Mrs. Beneby. Yes, I did.

Mr. Phillips. And can you tell us about that?

Mrs. Beneby. Well, the second time after he was arrested, I tried to gain help. It seems like I did not get any.

Mr. Phillips. You asked for help from the various people that became involved?

Mrs. Beneby. Yes, I did. His probation officer, I called him in after finding out that he was on heroin. And a little later, the second time of finding out evidence, I called him in, and I told him that I was sure he was on marihuana and heroin, and I asked for help. I sat in my living room and I pleaded, and asked him if he would just put him into a rehabilitation center, and he said, "No," that he could not do it, because he was afraid that my son would walk out.

Well, I asked him: "Why don't you give him a try?" And I said, "You have never tried him. You do not know whether he will walk out or not."

So, I asked: "Why don't you give him a trial?"

Well, he said. "No. I think what I will do is to try to give him a year in the stockade." And I told him that he did not need the stockade, that jail is not the place for him. "I feel like he needs help." He needed a doctor's help, someone, somewhere, that would help him to get off of this drug. It seems like I just did not obtain the help that I wanted.

Mr. Phillips. In other words, you kept asking the probation officer to help him, because he was in trouble with these drugs?

Mrs. Beneby. Yes, I did.

Mr. Phillips. And he was arrested, you found a spoon and other things in his room again?

Mrs. Beneby. Yes.

Mr. Phillips. And you brought that to the attention of the probation officer?

Mrs. Beneby. The second time, I did; yes.

Mr. Phillips. Then at that time you said, "He is back on heroin again; he is going to get into further trouble unless help can be given to him"?

Mrs. Beneby. Yes, I did; yes, I did.

Mr. Phillips. And was your son attending school during that period of time?

Mrs. Beneby. Yes, he was.

Mr. Phillips. And did he get any help in school in connection with this problem?

Mrs. Beneby. You mean for marihuana?

Mr. Phillips. For heroin.

Mrs. Beneby. Well, at school, I did not try to get any help there.

Mr. PHILLIPS. Did he obtain any help independent of your efforts?

Mrs. BENEBY. No.

Mr. PHILLIPS. He received no help at school?

Mrs. BENEBY. Nothing; no.

Mr. PHILLIPS. After you requested this help, no one could give any help; all they suggested was that they give him time in the stockade: is that correct?

Mrs. BENEBY. Yes.

Mr. PHILLIPS. Could you tell us what happened to your daughter?

Mrs. BENEBY. Well, just before I say this, Mr. Phillips, my son was arrested for the third time, and during this time, this is when I really asked for help of the probation officer. I asked him if he would just put him into the hospital. My husband and I, we pleaded. And he said, "No; the stockade." And at this time, the judge released him from the jail, and we brought him home.

After coming home, from being in prison for about 4 weeks, it seems like it changed his attitude, and he thought that he would not go back there again. And I am quite sure that he had tried very hard to get off this drug. If he gained help, I believe it would have prevented the tragedy that has happened in my home, because I tried very hard.

But, during this time, I asked the probation officer to take him there, and he said, "No." He said "And when the trial comes up, we will put him into the stockade." Now, he insisted that he would put him into the stockade.

Well, we were waiting for his trial to come up, and during this time he was in Dade College taking up mortuary science, and this evening he came home acting different.

He was given marihuana, he said, by a friend—in which, I think, it was something a little different there in the marihuana, because it seems like it had his mind. I noticed it seems like he got into a mental state.

Mr. PHILLIPS. In other words, he had taken some drugs and he became very erratic?

Mrs. BENEBY. Yes, he did; yes, he did.

Mr. PHILLIPS. Can you tell us what happened that evening as the result of him becoming irrational from the drugs?

Mrs. BENEBY. Well, the evening after he came home, he began to walk, you know, to and fro over the house, and began to talk about things. It seems like he was in a mental state right then.

I do not know what it did to him. He began to say things, you know, that did not seem like it was becoming, and somehow it seems like he had been hurting or something, and he was up from 6 o'clock the evening he came home until about 3 the next morning, just walking around the home and just talking one foolishness after another: and this I noticed, that it was something different that he had been taking.

Mr. PHILLIPS. Now, could you tell us what he did as the result of taking these drugs?

Mrs. BENEBY. Pardon?

Mr. PHILLIPS. Can you tell us what he did to your daughter?

Mrs. BENEBY. Well, during this time, I would say about 10 days later, he did not come back to himself. He was just out from the time he came home that evening. He stayed the same until the tragedy in my home, and on February 1, at about 12:30 that night, it seems like he got a little different spell, another state, because it seems like he became violent. He turned all the lights off in the house, and I tried to put the lights on, and he kept on turning them off, and he said he wanted darkness.

And a little later on, I was in my bedroom, and one of my children—they called for me and said, "Mamma, he has Beverly," and I heard the screaming, and I ran toward the bedroom and—the door was locked—and I tried to get in, but I could not, and there he was strangling my little baby daughter. I could hear her voice screaming until she could not say anything else. Later on, she was dead.

Mr. PHILLIPS. Then, it is your testimony, Mrs. Beneby, that if it had not been for the drugs, if it had not been for the inaction of the authorities, school authorities and other authorities that you have mentioned, to take steps to try to rehabilitate your son, that your daughter, your 5-year-old daughter, would still be alive?

Mrs. BENEBY. I am quite sure of this, Mr. Phillips. If action would have been taken this would not have happened in my home, because where my son is now is the place that I have tried to get him.

But I seemed to have failed to get help. The place I have tried to get him, I could not.

But my daughter, she had to be killed before he got the help that he needed.

Mr. PHILLIPS. I think that this committee started these hearings because of the many people like you across the country who have had tragedy come into their homes unnecessarily, because government has failed to take the necessary actions to try to stop drug abuse and to try to rehabilitate these young people who are involved with drugs. I have no other questions. Thank you.

Mrs. BENEBY. May I say just one thing?

Mr. PHILLIPS. Yes, please.

Mrs. BENEBY. I am very glad that I am here to say something and to be of some help to some other parents that are going through the same thing that I have went through.

I know nothing I have said here today could bring my baby back, but I am sure something that has been said could be of some help to some other parents that they will not be involved in what I had been involved with, because it is not an easy thing. Truly, I can say that I have really went through it.

But I am asking God to help me, that I would overcome and to hope that this hearing will go on to be of some help to others.

Chairman PEPPER. Mrs. Beneby, in the last 5 years, over 400 people in Dade County have died from what has been called an overdose of heroin, about 30 percent of those having been teenagers and young people, and that is a percentage which is increasing.

Five cases a day of overdoses of heroin are occurring at Jackson Memorial Hospital—just at that one hospital. And that is the reason you are here and we are here, because of the seriousness of the problem, not only here but all over the country, and we are going to try to find out what the Federal Government can do, and what more it can do in conjunction with the States and the local governments and the people to try to do something about this problem.

Mr. Mann, do you have any questions?

Mr. MANN. What institution is your son in now?

Mrs. BENEBY. The South Florida State Hospital.

Mr. MANN. The probation officer from the local court offered you no help except to say he was going to put him in the stockade?

Mrs. BENEBY. Yes.

Mr. MANN. Why did you not think it appropriate to discuss this matter with the school authorities?

Mrs. BENEBY. Well, I did not think about that at the time. As a matter of fact, I did not know that the school authorities were able to give me any help.

Mr. MANN. Do you have any information as to where he was getting the drugs; in the school, or the neighborhood, or where?

Mrs. BENEBY. No, I really do not know.

Mr. MANN. Before, when you learned that he was smoking marihuana, at that time were you aware of any problems that he had, any personal problems that he had? Did you have a happy home? Did he have a well-adjusted life, as far as you could tell? Or could you see anything that was troubling him?

Mrs. BENEBY. Well, except for the drugs he was all right. It seemed like he would take the drug and could come home and I could notice the difference, that he had had something, because he would go to bed and he would sleep for hours.

Mr. MANN. Were there any problems at home between you and your husband or any of the children and he that would cause him to try to escape from that problem through drug use?

Mrs. BENEBY. Not that I know of.

Mr. PHILLIPS. Could you tell the Congressman how many children you do have?

Mrs. BENEBY. I have had six with the baby, six children.

Mr. PHILLIPS. And one boy you have is older than this boy?

Mrs. BENEBY. Yes, I have an older son. He is 22.

Mr. PHILLIPS. And could you tell us what he is doing?

Mrs. BENEBY. Well, he has had about 2 years in college.

He is planning now to go away. He was at Dade Junior College, and he is planning to go away for his 2 more years. He is studying music and drama.

Mr. PHILLIPS. And your other children are all doing well in school?

Mrs. BENEBY. They all are doing quite well in school.

Mr. PHILLIPS. And your husband works for the Government?

Mrs. BENEBY. Yes, he works for the Biscayne Annex Post Office.

Mr. PHILLIPS. And so far as you know, your family life is quite good?

Mrs. BENEBY. Oh, yes, because my husband, he has worked very hard, tried to maintain the family. So, it was no problem except for my son. He probably got involved with the wrong company and it just got him started on drugs.

Mr. MANN. After you learned that he was on marihuana and later that he was on heroin, did you ever detect that he was on any sort of pills?

Do you know if he experimented with pills?

Mrs. BENEBY. Well, I noticed—I have had, sometimes, a little Nervine which I kept around the house, and I think he had been sneaking on a few of those sometimes, because my idea is that whenever he could not get the drug that he wanted, I think that he has been taking things like this to try to help him along, most likely.

Mr. MANN. All right. Thank you.

Chairman PEPPER. Mr. Keating?

Mr. KEATING. Yes.

What year of school is your son in?

Mrs. BENEBY. The school?

Mr. KEATING. Yes. What year?

Chairman PEPPER. What grade?

Mr. KEATING. What grade was he in?

Mrs. BENEBY. Well, he is finished.

Mr. KEATING. The 16-year-old son?

Mrs. BENEBY. The 16-year-old son, he's finished school now.

Mr. KEATING. How far did he go in school?

Mrs. BENEBY. Twelfth grade, the 12th grade; yes, he did. But the last year he became a problem, because I would have to push. I had to push him real hard in order for him to finish that 1 year because he started staying away from school.

Mr. KEATING. How old is he now?

Mrs. BENEBY. He is 19; he was 19 last month.

Mr. KEATING. Have you had the opportunity to get together with other mothers and discuss this problem?

Mrs. BENEBY. Yes, I have.

Mr. KEATING. Have you found others having the same problem?

Mrs. BENEBY. Yes, there are others that are having the same problem that I have had.

Mr. KEATING. Has this been helpful to you, to get together with some of these other mothers?

Mrs. BENEBY. Well, I would not say that it has been of too much help. Not the help that I really wanted. But discussing something with someone else helps you relieve your mind in this way.

Mr. KEATING. And have you been able to help them with your experience?

Mrs. BENEBY. I do not know how much I have been able to help them by just telling them, because we all have the same problems and we were all seeking help ourselves.

Mr. KEATING. Did the other ones seek help, and were they able to get it?

Mrs. BENEBY. Well, no; because there are many parents or many mothers like myself faced with the same problem of saying that it is no use in trying to get help because I tried, and all they want to do is put my son in jail, or put my daughter in jail, and this is the answer that I would always receive.

Mr. KEATING. These parents, do their children go to the same school; do you know?

Mrs. BENEBY. Well, I think a couple of them, yes, and there are others that go to other schools.

Mr. KEATING. What has happened to some of the other children of these friends of yours that you have talked to?

Mrs. BENEBY. Well, there are many things that have happened. It will take me a long time to tell, but I know of one of my friends that has been faced with just about almost the same problem that I have had, because her son, he was on drugs. As a matter of fact, he was in the service for a while and came home, and he was on drugs, and he got involved by going to a hospital fighting a guard and girlfriend, and they had to get him out as quickly as possible.

But after taking him from there and putting him into the prison, somehow his mother worked real hard, and they got him into a hospital in which he is doing a little better now than he had been.

But she is faced with the same problem that I am still, of being afraid of her son, that he might do something.

Mr. **Keating.** How many other children that you are aware of, that you know of yourself, are involved in drugs?

Mrs. **Beneby.** Well, I know of a few that are involved.

Mr. **Keating.** On heroin?

Mrs. **Beneby.** I really could not say what they are on, but this experience is with their parents telling me that their child was on drugs, because I would not know exactly of what is going on with all of the others like I do with mine.

Mr. **Keating.** Have they followed the same pattern: getting arrested for stealing and things like that?

Mrs. **Beneby.** Yes, some of them. This is happening all of the time.

Mr. **Keating.** I do not have any further questions.

Chairman **Pepper.** Mrs. Beneby, we thank you very much for coming today and giving us your testimony.

Mrs. **Beneby.** Yes.

Statement of June Mock

Mr. **Phillips.** Mrs. Mock, I believe you had a similar experience. Is that correct?

Mrs. **Mock.** Yes.

Mr. **Phillips.** Could you tell us about it, please?

Mrs. **Mock.** Do you want me to start from the beginning?

Mr. **Phillips.** Yes.

Mrs. **Mock.** Well, sometime between the ages of 13 and 14, I found that my son was getting together with other boys in the neighborhood and sniffing glue. When he was 14 his father and I were divorced, and his father was transferred to Las Vegas, Nev., and my son went to spend some time with him. While he attended Valley High in Las Vegas he started smoking marihuana and tried LSD.

When he came back to me the following summer he told me this. He showed me an article in the newspaper that there was an exposé on the drug problem at Valley High in Las Vegas, and he said that practically everyone in the school was on some form of drugs. He said that he did smoke pot, that he passed on the LSD because too many had had bad experiences with it.

Mr. **Phillips.** Could you tell us what happened when he came back to Miami?

Mrs. **Mock.** Well, when he came back to Miami he attended Thomas Jefferson Junior High, and he started having a few problems in school. He was being hassled by one teacher in particular, and he and another boy broke into the school one night, and they set off the fire extinguisher and they performed another little act against that teacher in particular. As the result of this he had to go to juvenile court. He was held in youth hall for 6 weeks, and he had to go to juvenile court.

Mr. **Phillips**. And how old was he then, Mrs. Mock?

Mrs. **Mock**. He was about 15.

So, they suggested that he go back to his father, and remain in the custody of his father in order to remove him from some of the people he was associating with in Miami.

Mr. **Phillips**. How old were the boys that he was associating with?

Mrs. **Mock**. They were all in the same age group, between the ages of 15 and 16.

Mr. **Phillips**. Were they all involved in drugs?

Mrs. **Mock**. I was not aware of any of them being involved in drugs at that time. I knew that he had been involved in drugs at Valley High in Las Vegas, and I knew that some of his friends were smoking pot. However, I never found any evidence of it in the home.

So, I really was not aware that he was.

He was out there for some period of time and then came back to spend the summer with me.

When he came back there was evidence that he was on something—speed. I could tell by his behavior that he was taking some type of pep pill or speed.

Mr. **Phillips**. Can you describe his behavior for us?

Mrs. **Mock**. Yes. He would be awake for long period of time and talk a lot more than he usually talks, and then he would sleep for maybe 12 to 15 hours at a time, and he did not seem to have any interest in anything.

Mr. **Phillips**. That is an indication to the experts that he was taking amphetamines of some kind. Speed is an amphetamine.

Mrs. **Mock**. Yes.

Mr. **Phillips**. Would you please continue?

Mrs. **Mock**. At the time he got into this trouble I had several officers visit the home. I could see that he was falling into a pattern of problems because I worked to support the children, and when he would come home from school in the afternoon he would bring a group over to our house and they would have parties, and they would have a ball.

So, my daughter would call me at work to tell me that all the kids were hanging out at the house and that there was a problem.

My mother lives in the neighborhood, and I would call her and ask her to go down the street and help, and she would go down, and by the time she got there they would all take off.

I told this gentleman from the juvenile division about the problems I was having, and I asked him if there was someplace I could go for help, or someone who would advise me, or someone who could talk to the boy, and he said:

"Unfortunately, Mrs. Mock, I hate to say this, but usually there is no help available until the boy is in serious trouble."

Mr. **Phillips**. A juvenile court official told you there was no help to be had until your son got into serious trouble?

Mrs. **Mock**. Yes, that is exactly what he told me.

Mr. **Phillips**. Please continue.

Mrs. **Mock**. So, anyway, when the boy came back, at that point, he was about 16, and there was very little control by either his father or

I. He just seemed to be traveling back and forth across the country as he pleased. When he was 18 he came back, and I know he was smoking pot at the time.

I had one particular time that I remember, when he and a bunch of boys climbed up on our roof, and they were smoking pot. So, I called a friend of mine to come over and try to talk to the boys, because they would not listen to me at all.

They came down, and it ended up in being a big fight, and everyone left.

I talked to him, and I told him that if he wanted to stay with me, that I could not have this, because I was concerned about the welfare of the other children.

So, he had discussed the possibility of going into the Navy and he finally went down and signed up.

The day before, the night before he was to go in for his physical, he became ill, and I thought he was just putting on to try to get out of going into the Navy, and so I talked to him about it.

When I went in the next morning, he was obviously ill.

I took him to the doctor, and the doctor said he had hepatitis. So, he told me if it was infectious hepatitis that we would all have to be inoculated, but if it were the type they get from needles we would not have to be inoculated.

He examined him very thoroughly, and he said there was no evidence of needle marks.

Also, at that time, he was having some problem with other people who were on drugs.

I was cleaning his room, and I saw a suitcase, and I opened the suitcase and it was filled with packets of marihuana. So, I called him into the room and I asked him about it, and he said it belonged to this friend of his who was in danger of getting picked up, and so he took it.

So, I said, "Well, you know what I am going to do with this; I am going to destroy it." And he said, "Well, you cannot do that, because these guys will try to kill me." And I said, "Don't be ridiculous, son," and he said, "You do not know what you are talking about, mom, they really will." And I said, "Well, nevertheless, I am destroying it," which I did.

Several days later this boy came back to pick up his marihuana, and I talked to him. And he was very upset.

I told the boy that if he did not stay away from the house I would call the police.

So, he left. But apparently my son was having a lot of pressure from drug pushers, or whatever, I really do not know at this time.

He decided he was going to leave and he was going to go back to California to get away from these people.

He left Miami and he went to Laguna Beach. He stayed there for about 6 weeks, until he ran out of money, and he went up to San Francisco to stay with his father.

He was with his father for maybe a month, and he was not happy there, and he wanted to come home.

On May 29, I had a phone call, and he was in St. Louis between planes. He was on his way home, and I did not even know he was coming. I picked him up, and he seemed to be doing fine. He had gained weight and he looked well, and from that period on he stayed in the house. He did not run around; he did not have these people that he had been running around with previously hanging around. There was no evidence of him being on any type of drugs at all.

Sometime toward the middle of June some friends of his called. They were staying at the Aztec Hotel on the beach, and he went over and he spent a week with them.

Mr. **Phillips**. Was this June of last year?

Mrs. **Mock**. June of 1969. When he came home he asked his sister to take him downtown to pick up his girl friend who was working there, and they picked her up at 9 o'clock, and Debbie said from that point they went to some area in the downtown section, and, apparently, he picked up some drugs.

He was supposed to go look for a job the next morning, and I was going to drop him off at the union hall.

I woke him, and I asked him to please get dressed so that he could leave with me, and he said, "OK," that he would get up in just a few minutes.

I got dressed and went back in and he was still laying there, and I said to him again, I said, "Butch, I am going to be late for work. Please get up and get dressed." And he said "No, mom, you go ahead, and I will get the bus."

I said, "Please, son, do not disappoint me. You have been promising for quite a while," and he said, "Oh, no, I will not disappoint you. I will go down. I promise." And I said, "OK," and I kissed him, and I said "Good luck," and I left.

After I left he got up, apparently with the intention of getting dressed to go, and my youngest daughter went in the kitchen, and she saw him in there with the needle and got frightened. And she went back in her room.

He went into my bedroom, and the phone rang, and she went in there to answer it, and he was apparently already having a problem from the drug. She called her sister, and she called me a few minutes after that to tell me they did not think he was breathing.

So, I told them to call the rescue squad, and I came home.

Mr. **Phillips**. And he died that morning?

Mrs. **Mock**. Yes.

Mr. **Phillips**. Thank you very much, Mrs. Mock.

I have no other questions.

Chairman **Pepper**. Mr. Mann?

Mr. **Mann**. No questions, Mr. Chairman.

Chairman **Pepper**. Mr. Keating?

Mr. **Keating**. So far as you know, he started on drugs in Las Vegas, at this high school out there; is that correct?

Mrs. **Mock**. Yes.

Mr. **Keating**. And he was able to get into the drug picture back here in Miami later?

Mrs. **Mock**. Yes.

Mr. **Keating**. I do not have any further questions.

Chairman **Peppper**. Mr. Blumenfeld, do you have any?

Mr. **Blumenfeld**. Yes.

Mrs. Mock, what was the reaction of your son's friends to his death?

Mrs. **Mock**. Well, they were all very upset, but they considered him a hero, you know. This was a great thing—it is a beautiful way to go. At the time, I felt—I had hoped—that his death would have some meaning, that maybe it would prevent some of his friends from being on drugs or stop it with somebody else, but it did not seem to accomplish a thing.

Chairman **Pepper**. Mrs. Mock, did you appeal to other authorities here to help your son?

Mrs. **Mock**. No. As I said before, I was not aware that he was anything stronger than marihuana or speed.

I had asked for help at one particular time. He had attended Dr. Shelburn's drug clinic the last time he was home. I asked him if he had a problem at that time, and he said, "No," that went with some of his friends. That was his reason for going, but I did find that he had picked up some methadone.

Chairman **Pepper**. Was he in school when he first began to use drugs, so far as you know?

Mrs. **Mock**. Yes, he was.

Chairman **Pepper**. What school did he go to?

Mrs. **Mock**. At Valley High in Las Vegas.

Chairman **Pepper**. Valley High in Las Vegas?

Mrs. **Mock**. Yes.

Chairman **Pepper**. Is that where you think he first tried the use of drugs?

Mrs. **Mock**. This is what he told me.

Chairman **Pepper**. That he first learned it in that school?

Mrs. **Mock**. Yes.

Chairman **Pepper**. Did he say where he had gotten the drugs that he used in the school?

Mrs. **Mock**. Yes. He got them after school from his friends at the school.

Chairman **Pepper**. Other students?

Mrs. **Mock**. Other students.

Chairman **Pepper**. Yes, Mr. Nolde.

Mr. **Nolde**. Mrs. Mock, do you have another daughter?

Mrs. **Mock**. Yes.

Mr. **Nolde**. How old is she?

Mrs. **Mock**. Well, I have three daughters.

Mr. **Nolde**. You have a teen-aged daughter?

Mrs. **Mock**. Yes; I do.

Mr. **Nolde**. And where is she?

Mrs. **Mock**. She goes to Thomas Jefferson Junior High.

Mr. **Nolde**. Has she told you anything about the use of drugs among her friends?

Mrs. **Mock**. Yes, she certainly has. She said everyone is on some forms of pills or marihuana.

Mr. **Nolde**. Very good. Thank you.

No further questions.

Chairman **Pepper**. Thank you very much, Mrs. Mock.

We appreciate your coming.

Mr. **Phillips**. Could you tell us, Mrs. Fletcher, whether you also had a tragic experience related to drugs?

Statement of Shirley Fletcher

Mrs. FLETCHER. Yes. I lost my 21-year-old son.

Mr. PHILLIPS. Could you tell us about the events which led up to the death of your son?

Mrs. FLETCHER. You mean the immediate events, or how Michael started with drugs?

Mr. PHILLIPS. How Michael started with drugs.

Mrs. FLETCHER. Michael started with drugs the same, I feel, as all young kids do, with marihuana. When I used to try to get him to watch the programs—when the media was not as comprehensive as it is today, 3 years ago—they did not have all of the articles, but anything there was I would say "Well, Michael, read this about marihuana," or "Watch this program on television," and I got the same answer from him that most parents do from their children, "Oh, mother."

And I do not happen to drink, but it has been in the paper that alcohol is more harmful than marihuana. Now, when a kid reads this, he is going to go out and light up, I feel. And he started with marihuana.

I did not know that he was using drugs, but I felt he was. He was having a lot of automobile accidents, and his brother told me that he thought Michael was on drugs but he did not know what Michael was on.

And I kept telling him, "Michael, nobody can have this many automobile accidents."

And he was living with his brother in Detroit.

I brought him down here, and Michael was an unusual type child. He had a 149 I.Q. He graduated from one of the finest schools in the East, and he was a loner, and he was looking for friends. I checked his friends out carefully, as carefully as one could, and I was satisfied with those he was going with.

I also had him going to a private psychiatrist, and the psychiatrist liked his friends.

One night my husband was out of town and Michael came into my bedroom about 11 o'clock at night. I was reading and he said: "Mother I want to talk to you." Then, he turned out the light, and he said, "Mother, I am on heroin."

Well, if someone had told me my son had just shot the President of the United States I could not have been more shocked.

But I did not lose my temper, and I did not holler at him. I just asked him "How long?" And he said "About 3 months," and that he would like to see the doctor tomorrow.

And I thought fast and I thought, "Well, tonight he is ready to talk; tomorrow, he may not be," and I called my doctor and I told him to come right out.

And, of course, he said, "I do not make house calls at night," and I said, "Well, you will make this one. Michael is on heroin."

And he came over and he took Michael into his room and examined him thoroughly. And he was in there with him more than an hour, and he came out, and he said, "Yes, Michael is on heroin but does not have a big habit. He has very few tracks." That is a word I did not even know at the time.

Had I been aware and had there been the reading matter that there is today or the television exposure, I would have known that before Michael came and told me, because my husband was in the hospital with pneumonia and Michael came to see him three times a day and would sit down in the chair and in 2 minutes—heroin nod—he was asleep. But I thought he was so tired from working so hard, because he went to the store at 7:30 in the morning to do his books, and he did not close until 9 o'clock at night.

Now, I know it was a heroin nod.

Then, the doctor came out of the room and said "He is taking it, but he does not have a big habit." And he examined him between the fingers and between the toes, any place he could shoot up, and he said, "I am going to give him methadone for just a few days. I do not like it, but I am not going to give it to him and, because they can O.D. on it, too, and they can shoot it up, I am going to give it to you and you give some to his partner and give him one in the morning and give him one before he goes to bed, and if he needs one during the day have his partner give him one."

Michael took them for 4 days, and after 4 days he said to me, "Mother I do not need the methadone anymore, and I do not want to be hooked on it." So, I stopped the methadone.

I did have him go into Operation Reentry every night, which was a great facility. That is not a live-in facility, and every night I would drive down there to see if the little red car was parked there, and it was.

One night I called him, and I said, "Michael, meet me at Reentry, and we will go out to dinner."

And during all of this time I had him going to the psychiatrist.

I met him at Reentry, and he was funny, I don't know—funny—and I do not know what kind of funny, but I just knew he was not the way he had been since he told me about the heroin.

So, I said. "Michael, what did you take?" And he would not tell me; he would not talk at all, and he would not go into Reentry.

And, so, I called the psychiatrist, and I said, "I want Michael hospitalized immediately." And he said, "Meet me in North Miami at North Miami General."

So, I took him out there, and by that time Michael had come around. It was, as they used to say, "only marihuana," but there is no such thing as "only marihuana."

By the time I got to the hospital and they took him to the sixth floor, which is maximum security, locked the doors behind us, Michael had come down from the marihuana, and, as I said, he was a very smart boy, and he said, "Mother, I am 21 years old, and you cannot do this to me, and I want to see my attorney now."

And the doctor said, "Shirley, come on, let's get out of here, because the longer you stay the more Michael is going to get upset at you. Let's go."

And we left.

They did not give him any tranquilizer, or methadone, or anything, because they had to see if Michael was hooked, and if he would have withdrawal.

Michael did not have any withdrawal.

The next morning he called me like nothing had ever happened, and he said, "Mother, I will sign myself in for as long as you want me to, and would you please bring me some clothes and a book?" And I said, "What book do you want, Mike?" And he said, "The First Man on the Moon."

So, I brought the clothes and I brought the book, and they took me into another room and went through the suitcase. I told them that I was his mother, and he said, "You would be amazed at how many mothers were smuggling drugs into hospitals and prisons." And, of course, I could not believe it, but I have found out it certainly is true.

Anyway, after 10 days and two doctors and two psychiatrists, they said, "Take Michael home; he is definitely not hooked, and this is, emotionally, the worst thing for him. Let him go back to his business."

I said, "No, I do not want him to do that. I want Michael to go to the Institute for Living. I want him to go for a whole year. I want him away from everybody he ever knew. Thank God, I can afford to do it, and I want a whole live child back."

But two doctors and two psychiatrists said, "No. Even though it is supposed to be a so-called country club, it is still an institution and it will leave an irreparable print on Michael's mind that he has been institutionalized."

On the way home I asked Michael for the name and the address of the pusher that supplied him with the heroin, and he gave it to me.

He lived in a trailer camp behind the Wax Museum.

So, I called the beach police, and he was picked up immediately, and immediately he was out on bail.

Two weeks later, two not really men but older than Michael came into Michael's store, and they threatened him. He came home, and he was very upset, and he said, "Mother, they are going to do something to my store." And I said, "Michael, they are not going to do anything to your store. They are punk kids, and even if they do, so what? It is insured."

I never dreamed anything would happen to Michael.

In the 2 months that he was out of the hospital, the 2 months that he lived, he gained 20 pounds.

When he was taking heroin he used to cut the food and push it around on the plate and make it look like he was eating, but I knew he was not eating, and the same, as the other lady said, he did get sick but not often. He got sick about three times that he could not go to work. And, otherwise, he functioned normally.

I was very naive about the drug scene at the time.

Michael used to come in early—and when I say "early" for a 21-year-old boy, not later than 1 o'clock in the morning on a Saturday night. I never went to sleep unless he was in the house. When I saw the hall light out, then I knew Michael was in and I could go to sleep.

After Michael had returned, he was still worried and upset, but he said he would never touch it again.

The next thing I knew, on a Saturday morning, oh, 3 weeks—about 8 days before Michael died, the psychiatrist called me and said, "I want Michael to move out." And I said, "What do you mean you want Michael to move out?" And he said, "Well, he is never going to grow up and mature as long as mommy gets up every morning and makes the 'hungry jack' biscuits for him and the orange juice and the scrambled eggs"—and that was the only "mommy deal" I did, because I do not believe in a mommy staying, but that boy was going to work and he was going to work early and he was kicking the heroin habit, and he had gained weight, and I wanted to see him continue to gain it. Michael was 6 foot 1 inch.

I called the psychiatrist back and I said: "Was Michael there when you were talking to me?" And he said, "Yes." And I said, "How dare you say a thing like that in front of him? Why didn't you call me when you were alone and give me the prerogative of turning it down?" He said, "Well, I know the two boys that I want him to move in with. They are lovely boys, and this is the thing for Michael to do."

I said that I wanted to see these boys, that I wanted to have them over.

Then, I started having the two boys over. And how does the parent judge another child? By their conduct with adults, by their manners, by their manner of dress. And I used to judge them by hair. I do not any more, because I have found wonderful, straight kids with long hair.

But these kids were from homes like Michael's, and I still did not agree and Michael was not too hot to go, but on a Wednesday night there was a big thunderstorm, and I had one of the boys over for dinner that night. And it was toward the end of the month, and he kept saying to him, "Michael, you have got to make up your mind, because if you do not move in with us, you are losing this marvelous opportunity, and we will have to get somebody else. We can't carry the rent alone."

And Michael kept saying "Let me think about it a little longer, Rickey," and Rickey kept after him until he said, "All right. I will take a few of these things, and I will go." He left on Wednesday night.

Friday afternoon, he went to Detroit for the weekend to visit his father and his brother. He came back Monday afternoon, and the following Saturday night he was dumped behind Mount Sinai Hospital. Pure raw, uncut heroin was the autopsy.

Mr. Phillips. You did not see him for a period of time with these other boys, did you?

Mrs. Fletcher. Oh, yes, I did; yes, I did.

After he moved in there with these two boys he was home more than he was home when he was living home.

Mr. Phillips. Did you observe anything in the background of drugs in this time?

Mrs. Fletcher. No. In fact, he had been with the drugs, I think it was, 3 months that I knew about it until I knew Michael was off. I knew he was not uptight. In fact, both of my boys sleep with their shades up, and I face the East. I used to go into Michael's room in the morning. He slept with his arms out like this (indicating), and I used to go in his room in the morning with a magnifying glass while he was asleep to look for tracks. I became a detective.

Another thing, I have a maid who is Cuban and very bright and has been around drugs, has seen it with the children, and one thing she pointed out to me, she said: "Mrs. Fletcher, when Michael was on drugs he would never come out of his bedroom until he was fully clothed. Now, he takes his shower, puts his trousers on and comes out with bare arms. 'Maria, can I have a glass of milk? Or a coke? Maria, can I have this or that?' "

Michael never did that when has was taking heroin.

I spoke to him on the night that he died at 6:30. And now Michael was supposed to have—I spoke to him at 6:30, and he was supposed to have gone for the shot that killed him at 6 o'clock. At 6:30, I looked at my watch. He had brought shirts over that morning because Maria was so crazy about him that she said, "Michael, bring your laundry home."

He brought 13 shirts that Saturday morning, and that evening they were done, and I wanted to tell him that his shirts were ready.

So, I look at my watch and I said, "It is 6:30 and I wonder how come Mike has not called me yet," and I called the apartment.

Now, he was in no hurry to get me off the phone.

When he was on drugs he had no time to talk to me.

"No, mother." No matter what I wanted to say, he would say, "I will talk to you later."

But, on this night, he was in no hurry to get me off the phone. He was not uptight, and I told him that he had the fastest one-day laundry in town and that his shirts were ready, and he said: "Manney and I are going to the Merchandise Mart tomorrow; they are having a showing; and I will pick them up on the way home."

He talked to me about other things, and then I talked to him until about 6:40.

Now, he was supposed to have taken this O.D. at 6 o'clock.

Mr. Phillips. Who examined his body and ultimately decided he had taken an overdose at 6 o'clock?

Mrs. Fletcher. No, no. The boys testified that he did.

Mr. Phillips. I see. The boys who testified were the two boys he was with?

Mrs. Fletcher. Yes.

Mr. Phillips. They were the two boys he had moved in with?

Mrs. Fletcher. No; the two boys that went to jail had never met Michael, and Michael had never met them. They came out in the indictment.

Mr. Phillips. I see. And as a result of the overdose Michael died, and they took his body to the hospital?

Mrs. Fletcher. To the parking lot near the bay and dumped it out, took all of his clothes off of him and put old clothes on him, and all identification was gone, and about 3 hours later the police got a call from a young girl telling them who Michael was. It was an anonymous call.

Mr. Phillips. So, they pulled the identification off his person?

Mrs. Fletcher. Yes.

Mr. Phillips. They put his body in the parking lot near the hospital?

Mrs. Fletcher. Oh, they had two calls.

First, they got a call from a boy saying to go out near the bay in the parking lot and they would find a boy and they found him.

And, then, later, a girl called and told who the boy was.

I do not know whether Michael died Saturday or Sunday.

Mr. Phillips. Thank you, Mrs. Fletcher.

I have no more questions.

Chairman Pepper. Excuse me.

I have to announce that another one of our Democratic members, the Honorable Frank Brasco of New York, has arrived.

Mr. Mann, do you have any questions?

Mr. MANN. No questions, Mr. Chairman.

Chairman PEPPER. Mr. Keating?

Mr. KEATING. Have you been able to determine whether or not there was any relationship between these two men who threatened him and his ultimate death from the overdose?

Mrs. FLETCHER. No, because nobody knew. Michael's partner knew who one of them was, but he was so frightened he would not tell. He was afraid that something would happen to him.

Mr. KEATING. You said later on there were two boys that were put in jail who testified as to his having had the shot at 6 o'clock?

Mrs. FLETCHER. No, the two boys that were in possession of the heroin, you know, that Michael got the heroin from. It was the first conviction on murder there in the State of Florida.

Mr. KEATING. How did they find those two boys?

Mrs. FLETCHER. I do not know. I was in Detroit. I buried Michael in Detroit, and when I came home on Thursday night my cousin picked me up at the airport and she said the two boys had just been arrested for the murder of Michael.

Mr. KEATING. They sold him the drugs?

Mrs. FLETCHER. They said they did not sell it to him. It was a very mixed-up thing, the things they said. And, then, there was another boy connected with it. Three people died as the result of Michael's death. There was a boy who was going to testify before Mr. Gernstein on Monday at 1:30 as to what really happened that night, and on the Saturday night before he was to testify he was found, you know O.D.'d. Pure, uncut heroin, also was the autopsy. And the pushers turned up O.D.'d. So, somehow it has got to go higher up.

Mr. KEATING. You feel that it is related some way?

Mrs. FLETCHER. Oh, yes.

Mr. KEATING. These three deaths and your son's death?

Mrs. FLETCHER. I went over and called on the father of the boy who was going to tell what happened that night, because I really felt directly responsible, and he said that from the time that Paul said he would tell what happened that night he was terrified.

Mr. KEATING. And have the police been able to develop anything further on it that you know of?

Mrs. FLETCHER. Well, the two boys went to jail, and I guess that was the end of the case.

Mr. KEATING. How old were these other two boys, do you know?

Mrs. FLETCHER. One was 17 or 18, and the other was either 22 or 23, with records, and, in fact, after they were indicted for Michael's murder, and the father paid the bail, they immediately rearrested the younger one. Then, while one of them—this is what I cannot understand, and, of course, I am in no position to change the justice system, and I am not trying, except that I should. But the one boy, his trial did not come up for a year. One of the undercover narcotics officers called me about a month after the trial, and he said "Shirley, I know that nothing can really make you happy again, but if anything can," he said, "I just busted Roy Fallin. He sold me 122 LSD." This is while he was out on bail awaiting trial for murder, and it is the same officer that arrested them the first time. He did not even know him.

Mr. KEATING. Do you know what their sentences are now?

Mrs. FLETCHER. Yes, I do. We had to make a deal. We had to settle. The real witness we had, as I said, died of an O.D.

We had one boy that Gernstein gave immunity to, and the trial took a whole year to come up. After 4 days of trying to pick a jury and one of the boys threatening one of the panelists, until Judge Banger had to sequester the jury over a holiday weekend, Mr. Goodhardt called me in his office with Mr. Gernstein and Captain Sistrock and said, "Shirley, we are going to have to make a deal," and I said, "What do you mean?" Because they could have gotten up to 20 years, and I said, "What do you mean, that we are going to have to make a deal?" And he said, "Well, the boy that we have, the one we gave immunity to and who is our only witness, is so frightened that he is through biting his fingernails and he is on his toenails, and either he is going to get on the witness stand and is going to say 'I do not remember a thing,' or we are going to find him dead, and the two boys will walk out and laugh in our faces. So, we have got to make a deal for 2 years."

So, I said, "No." And I went home.

Then, that night, Captain Sistrock and a few of the undercover agents came over, and I believe Mr. Goodhardt came, and they really begged me to do this. They said nothing was going to bring Michael back, and this would be a precedent-setting case and would maybe help other kids. There was no way to get Michael back anyway, and it would help other children. I went ahead and made the deal.

Chairman PEPPER. They got 2 years?

Mrs. FLETCHER. They got 2 years. The deal was that they would be allowed to plead guilty and get the 2 years.

Chairman PEPPER. When did they go into prison?

Mrs. FLETCHER. Immediately after the trial.

Chairman PEPPER. I know, but when was it?

Mrs. FLETCHER. It was about a year—about June 18 of this year; it was a year.

Chairman PEPPER. Of this year?

Mrs. FLETCHER. Yes.

Chairman PEPPER. Well, I guess they have not applied for a parole yet?

Mrs. FLETCHER. They have, and the parole board, of all people, came to me and asked me how I felt about paroling them, and I said to leave Michael out of the picture completely. When a boy is out on bail and sells 100—he was pushing the whole time that they were out. I mean they both probably were. One I know was, because if he had not sold to an undercover agent, I could not make this statement.

But how many other boys and girls did they hook in that year that they were waiting to come to trial?

Chairman PEPPER. Mrs. Fletcher, did you hear Michael say anything that would indicate whether these boys threatened him?

Mrs. FLETCHER. Oh, yes. I asked Michael how come they came to him, why they were threatening him, and he said "McGraff does not let anybody into his trailer unless he knows them or he is brought by someone, and all his regular customers are still coming to him and I am not, and so they figured out it was me that turned him in."

Chairman PEPPER. Now, did Michael indicate to you whether or not this man who is the pusher, McGraff, whether he was just an individual pusher or whether he had any connection with a larger group of people engaged in that sort of thing?

Mrs. **Fletcher**. Well, he would have to have the larger group, because I do not think that anyone that looked like McGraff—I mean, he was frightened. He did not have the kind of money to go over to France and buy the heroin and bring it back. I think that is why McGraff died, because I think that maybe they thought they were going to have someone getting ahold of McGraff and finding out, you know, someone from the police, and finding out how he was getting it, who he was getting it from, and then who was the one he was getting it from until they finally got to the top of where it was really coming from.

Chairman **Pepper**. And they were the ones that were beginning to do away with these people down the line?

Mrs. **Fletcher**. I do not know this, but it seems very strange that the three kids died.

Chairman **Pepper**. That is some indication of the sinister and far-flung nature of this operation.

It suggests that it might have some organized crime connections and that these people are the ones on the bottom and the others are on the top.

Mrs. **Fletcher**. Well, I do not feel there is any question that there is organized crime. There are 12-year-old pushers today, Mr. Pepper, that cannot go out and get it. They have to get it from someone, and that person has got to get it from someone.

Now, I asked Michael when he first told me about it, and I said, "Michael, where did you get it?" And he said, "Any kid can walk down 163d Street, any kid can go into"—I better not mention any places. But there are so many places where it is just so openly available.

Chairman **Pepper**. Now, Mrs. Fletcher, you are connected with the Concept House where you are doing a very fine job in relation to treatment and rehabilitation of young people who have become users of drugs. Do you find that any of those that come into Concept House learned the drug habit in the schools and get drugs in the schools?

Mrs. **Fletcher**. Well, first, the one that is doing the fine job at Concept House is Matthew Gissen who founded it. And Chairman Pepper who got us our grants. But, from talking to our boys and girls, they do start in the schools. We have one veteran over there, and I think you saw him the other day, who lost his eye, and after he lost his eye he was very bitter, and rightfully so, and he got the habit there. When we first got him into the house he would not even speak to anybody. Now, he was interviewed on televison. This is something that could never have happened without a thing like Concept House and all the other houses that are being built now as a result of this committee. It is a need that has just been crying out for years. If there was a Concept House or a house just like it 2 years ago that was right here and I could have taken my son over and showed it to him and showed many kids living as families, showed him the kind of Christmas these kids have, the kind of Thanksgiving, their parties, their happenings. I could have gotten Michael to go into a program like that because he was intelligent enough to see that there are only two answers when a child is on drugs. And I use the word "child" loosely, because it seems to me the 21- and 22-year-olds are children when it comes to a child being on drugs, and it does start with marihuana. There are only two places to go, one is jail and the other is the cemetery.

The kids think that, "I am not going to be the one to O.D." And each kid thinks "It cannot happen to me," or "I am not the one that is going to get busted. I am too smart for that." It is not so.

Chairman **Pepper**. And these are young people you have in Concept House now?

You do not use drugs in your treatment, do you?

Mrs. **Fletcher**. No, we do not. We feel that for the hard-core addict that has been on heroin, the older person, for years and years and years, methadone is not a panacea but it is at least stopping the crime.

But for the young kids, to hook them on another thing—and there have been many, many methadone O.D.'s—but to get them unhooked from one thing and hooked on another, we are more interested with getting their whole personality changed through group confrontations, through feelings sessions, through knowing that people care about them, and our kids know that people care.

Chairman **Pepper**. The ones who are in treatment at Concept House live there, do they not?

Mrs. **Fletcher**. Oh, yes. It is a 12-to-13-month live-in program.

Chairman **Pepper**. And after you teach the older students, the older young people that are there, they help you in the program?

Mrs. **Fletcher**. Yes, they do; and they are also out in the community. Our kids have given a play from Concept House, and they have given it twice, and the board of realtors asked them do to it as a public service, and they did it in Miami.

I went over to see it, and I thought it was such a great thing that I asked the social director of the Sea Towers if they could bring it there, and they did. It was so well received, and we had calls from many other organizations asking them to put this on because people do not know where to go for help. And even if they did, there is not enough money available for enough of these places to open.

Mat Gissen has been working like crazy trying to get a grant. The women's division puts on two very large affairs a year, and we have membership drives because it costs us $10.25 a day per teenager.

Chairman **Pepper**. Now you have a waiting list at Concept House?

Mrs. **Fletcher**. Yes, we do; but thanks to you our waiting list will be no more, because we can take them in.

Chairman **Pepper**. Well, thank you very much.

Mr. Brasco, do you have any questions?

Mr. **Brasco**. Mrs. Fletcher, in connection with this Fallin, the individual that was one of the two defendants that received 2 years for some charge that stems from the overdose and death of your son, you also said that Fallin had sold some 122 LSD tablets to an undercover agent.

Mrs. **Fletcher**. That is right, while he was on bail.

Mr. **Brasco**. What happened to that case?

Did you mean 2 years encompassed all cases?

Mrs. **Fletcher**. That is right. We had to make a deal because we had no reliable witness.

Mr. **Brasco**. Wait one second. I can understand the situation with respect to the overdose of your son, because I suspect that, while I do not know exactly what was charged in any formal indictment, probably what was involved was a conspiracy involvement which makes the proof a little more difficult. But, now, in a direct sale to an undercover agent, you say you were told the agent was not a reliable witness?

Mrs. **Fletcher.** No, no. The undercover agent was a very reliable witness.

Mr. **Brasco.** What happened then to that case?

Mrs. **Fletcher.** The two boys would not plead guilty, and they had the finest—that is, the thing that while Chairman Pepper asked me before, I think it goes higher than these boys, because these are poor boys, they are not boys with money, and they had the finest attorneys in the city, expensive attorneys. Now, these boys would not plead guilty unless the State attorney's office made a deal to have all of these charges encompassed in the thing, and the deal was for 2 years.

Mr. **Brasco.** Well, I suspect that you are not the right one to ask that question. I never heard of that before.

Mrs. **Fletcher.** I never did either, and I did not want to do it, but that is the way it wound up.

Mr. **Brasco.** Let me ask you something else, if I may, getting onto a different line.

Your son, Michael—and I am sorry, I just got in from New York—but your son Michael was attending school at the time he became addicted to drugs; is that correct?

Mrs. **Fletcher.** I am not sure. I think it may be after he got to Detroit.

Mr. **Brasco.** You are not sure?

Mrs. **Fletcher.** I am not sure when he got into heroin. He was in business down here.

Mr. **Brasco.** He was in business down here?

Mrs. **Fletcher.** Yes.

Mr. **Brasco.** How old was he?

Mrs. **Fletcher.** When he died he was 21.

Mr. **Brasco.** When was the first time you had known he was addicted?

Mrs. **Fletcher.** When he came and told me.

Mr. **Brasco.** How old was he then?

Mrs. **Fletcher.** About 20.

Mr. **Brasco.** And he was out of school already?

Mrs. **Fletcher.** Yes.

Mr. **Brasco.** All right. Let me ask you this: Based on your experience in this program you are working in, Concept House——

Mrs. **Fletcher.** Yes?

Mr. **Brasco.** One of the difficulties with the problem of addiction in the schools is, basically, student addicts sell to other students in the schools, so that drug addiction, while not infectious bacteriologically, we know that it is socially infectious, with that in mind I am wondering whether or not, from your experiences, you believe we should allow drug addicts to remain in a healthy school population, or should we take them out of the school population and treat them and educate them in a separate program?

Mrs. **Fletcher.** I do not think there is any question that if you found an addict or a pusher that they should be put in a therapeutic community, not contaminate others, because it is peer pressure.

Mr. **Brasco.** In the local schools, are there any programs to identify who the drug addicts are?

Mrs. **Fletcher.** I do not know. I really do not know.

Mr. **Brasco.** There are none that you know of?

Mrs. **Fletcher.** No. I really do not know, because Michael is gone and my other son is 29 years old.

Mr. **Brasco.** But your program operates with the local schools, does it not—the Concept House—it works in conjunction with the schools.

Mrs. **Fletcher.** The staff does. But the women's division has nothing to do with it clinically; so, I would not know.

Mr. **Brasco.** I understand. Thank you.

Chairman **Pepper.** Excuse me. Apropos of the question Mr. Brasco asked, I would ask Mrs. Mock and Mrs. Beneby: Your sons began to take drugs in school, is that true?

Mrs. **Beneby.** Yes.

Chairman **Pepper.** Were you notified by either of the schools that the children were taking these drugs in the schools?

Mrs. **Mock.** No.

Chairman **Pepper.** Were you, Mrs. Beneby?

Mrs. **Beneby.** No.

Chairman **Pepper.** You have children in school now?

Mrs. **Mock.** Yes, I do.

Chairman **Pepper.** Do you?

Mrs. **Beneby.** Yes, I do.

Chairman **Pepper.** Do you know of any program now where the children are found to be using drugs in the schools that their parents are notified and steps are taken to do something about it?

Mrs. **Mock.** No.

Chairman **Pepper.** Have your children indicated whether they have any knowledge of drugs in the schools to which they go? Have you heard your children indicate there are any drugs to be found in the schools to which they go?

Mrs. **Mock.** Definitely.

Chairman **Pepper.** Mrs. Beneby?

Mrs. **Beneby.** Yes. Yes.

Chairman **Pepper.** They know about it, the children?

Mrs. **Fletcher.** When I was in the play the Concept House gave to the realtors boards, a woman came up to me who has young children attending school, a teenage boy in school. She says she knows her boy is on drugs, she knows the pusher's name, his address, his telephone number—even his number. She has called the police, and she has younger children, and she is afraid. And he is around her school all of the time, and she has younger children and she is so afraid that he will involve her younger children—or that the pusher will. And she has called the police and called the police, and nothing has happened.

So, she asked me if I would do it, and I did. I called the North Miami Beach Police, and I gave them all of the information that this woman gave me, and I spoke to the head of the narcotics department there, and I said, "When you do pick this boy up, because this woman had to go to a woman's house that does not have children to make the telephone call"—and that is how involved all of the kids in that neighborhood were with this boy around this school where she had to go to a home where she knew a kid would not pick up the phone and listen to her calling the police, to give me the information.

Chairman PEPPER. Mr. Brasco, do you have anything else?

Mr. BRASCO. I just wanted to ask Mrs. Beneby whether or not you said that the school did not inform you of the fact that your son was addicted; is that correct?

Mrs. BENEBY. No, they did not.

Mr. BRASCO. But you found out.

Mrs. BENEBY. I found out myself, yes.

Mr. BRASCO. And what school was he going to at that time?

Mrs. BENEBY. At Jackson, Miami: Jackson High.

Mr. BRASCO. That is a high school?

Mrs. BENEBY. Yes.

Mr. BRASCO. And when you found out, did you inform the school authorities?

Mrs. BENEBY. Well, no; I did not.

Mr. BRASCO. In the circumstances you are in and have been in, would you agree or disagree with Mrs. Fletcher's observation that known drug addicts should be allowed to remain in the school system or should they be treated and educated in a separate program so that educators might have an opportunity to keep the remainder of the students drug free and have a better opportunity to work with the addicted in specialized programs?

Mrs. BENEBY. Yes, I agree to that.

Mr. BRASCO. And how about you, Mrs. Mock?

Mrs. MOCK. Very definitely.

Mr. BRASCO. And your son was a student at that time also?

Mrs. MOCK. Yes.

Mr. BRASCO. Was there any program in the school? Was that Jackson High also?

Mrs. MOCK. No. No. He started in Valley High in Las Vegas, and he also attended Thomas Jefferson here in Miami.

Mr. BRASCO. And in either of those two schools, Mrs. Beneby and Mrs. Mock, was there a drug rehabilitation or any drug program that you knew of?

Mrs. MOCK. Let me say one thing: My son attended a parochial school through the eighth grade, and in a parochial school they never seem to be exposed to any of these problems. They seem to be a part of the public school system. In a parochial school if they were so much as to be caught smoking a cigarette, it was an immediate expulsion from school, and they were expelled immediately and the parents were called up there for an immediate conference.

There were not any if's, and's, but's, or maybe's. It was done.

Mr. BRASCO. So, you are talking about the question of discipline between the two systems?

Mrs. MOCK. Oh, definitely.

Mr. BRASCO. But what I am trying to ascertain is whether or not there was any drug rehabilitation program that either of you knew of in the schools that your sons were attending that you might have taken advantage of?

Mrs. MOCK. Not to my knowledge.

Mrs. BENEBY. At the time, really, I did not have the knowledge in the beginning of it until later on. I found out that they had rehabilitation for drugs, but, as I have mentioned before, it seems like you just could not get the help you wanted, because if you would ask it was always that they would have to go to jail. So, for that reason, you know, she knows that her son needs help and she does not want him to be in jail because it is no help there.

Mr. BRASCO. There was no open programs that were conducted other than a school program?

Mrs. MOCK. My son died 3 years ago. At that time, there were not. There are since.

Let me say one thing: They apparently are making a great deal of attempts to instruct the children in drugs in the school system, but most of the parents are completely ignorant and, in fact, I know of any number of children in our neighborhood who are smoking marihuana and their parents are totally ignorant. They would not believe it.

Mr. BRASCO. When you say that people told you that your son would have to go to jail, were you talking about an involuntary commitment program?

Mr. BENEBY. Well, when I say that I was told that, there are parents that have faced the same problem that I have, and, usually, when you have something come up into the home with these kids that are on dope, if you should call the police, well, the first thing they think about is taking them to jail. This is all you would be seeing, is the taking of them to jail

So, for that reason, it seems like it puts the parent on a spot where he or she does not know what to do, because knowing that he is going to be jailed, that does not help any.

Chairman PEPPER. All right. Mr. Brasco, we do not have involuntary commitment programs here.

Mr. BRASCO. That is what I was trying to ascertain. Obviously, you do not have that kind of program in Florida.

Mrs. BENEBY. What kind of program?

Mr. BRASCO. An involuntary civil commitment program where someone can go before the courts in a civil proceeding rather than in a criminal proceeding and involuntarily have an addict committed into a program for treatment, and there are pros and cons with every program, I suspect.

Mrs. BENEBY. May I say this?

Mr. BRASCO. Yes.

Mrs. BENEBY. The probation officer several times mentioned to me that the child would have to make up his or her mind. She or he would have to make their mind up themselves, to go into these places for help. And I told him that I did not think it should be this way, because I found out that whenever they picked them up somewhere, out there stealing or breaking into a home or however they were picked up, and they take them to jail, I am sure after they pick them up they do not want to go into jail, but they put them there.

And I said to him, the same way you put them in jail and make them stay there, this is the same way you could put them into a place of help and make them stay there.

Mr. BRASCO. I am inclined to agree with your observation, Mrs. Beneby.

Everyone talks about voluntarily coming forward, and I suppose that most of the coming forward is going into a drug rehabilitation program as opposed to going to jail, and I do not know how voluntary that is.

On the other side of the coin is to let the addict stay out there and use heroin, pop pills, sell it, you know, wait for them to be belligerent and come in, but it does not seem to be going to happen that way.

Mrs. **Fletcher**. If you ever got this involuntary facility, I think it would be the greatest thing in the world.

Now, I have served with the Concept kids, and we get many from the courts, and as many as we can accommodate, of course, we take, and when they come in they are hostile. They do not want to be there, but it is better than being in jail. Like I say, it is the lesser of the two evils to these kids. Voluntarily, they are not going to stop having a ball on the streets, but if there was a large facility where you could isolate the users and the pushers from the kids, the little kids that are coming up straight, I think it is the only thing that can save our country today.

Now, I look at these kids who are in the Concept House 3 months later, and there is such a personality change in them. There is such a different outlook on life, such as they put up a sign "No Free Lunches," which means, in their interpretation, that you do not get anything for nothing. The way they felt on the streets was that the world owed them a living, the country owed them a living and they could take whatever they wanted. But, now, they live by this rule of "No Free Lunches," and this involuntary commitment I think would be wonderful, because the jail is only a breeding place for higher crime and an educational center for it.

Chairman **Pepper**. Well, I thoroughly agree with all of those who suggest that, because we have already got a very large addict population outside of the schools. Now the schools being where they are, that population is being added to, both in the schools and out of the schools. I think there ought to be some method by which, as you suggest, they can be involuntarily brought into programs if they are found to be abusers of drugs, now, not only to save themselves but save them from others.

Now, here you ladies are. Every one of you three ladies has lost your son, and you have got young children.

Mrs. **Fletcher**. Mine is older and, thank God, different.

Chairman **Pepper**. You have younger children, Mrs. Beneby?

Mrs. **Beneby**. Yes, I have.

Chairman **Pepper**. Yo do not want the younger children to go the same path as your son.

Mrs. **Beneby**. No.

Chairman **Pepper**. Well, thank you very much.

We appreciate your coming.

Are there any other questions?

Thank you very much, Mrs. Mock, Mrs. Beneby, and Mrs. Fletcher.

Now, counsel, will you call the next witness?

Mr. **Phillips**. Yes, Mr. Chairman.

The next witness is Dr. Marvin Burt.

STATEMENT OF DR. MARVIN BURT, FORMER SENIOR RESEARCHER, THE URBAN INSTITUTE, WASHINGTON, D.C.; ALSO THE FOLLOWING UNSCHEDULED WITNESSES: DR. PORTER, ADMINISTRATIVE ASSISTANT, BOARD OF PUBLIC INSTRUCTION, DADE COUNTY, FLA.; PHYLLIS MILLER, MEMBER; AND ROSS STONE, PUBLIC RELATIONS DEPARTMENT

Mr. PHILLIPS. Dr. Burt, tell us where you are presently located?

Dr. BURT. My present position?

Mr. PHILLIPS. Yes.

Dr. BURT. I am the president of a research and consulting firm called Burt Associates.

Mr. PHILLIPS. Were you associated with some other organization before you opened your own business?

Dr. BURT. Yes. Prior to that, until about 2 months ago, I was a senior research staff member and project director for the Urban Institute in Washington, D.C.

Mr. PHILLIPS. Would you tell us where the Urban Institute is located in Washington, D.C.

Dr. BURT. That is the Urban Institute, located at 2100 M St. NW.

Mr. PHILLIPS. Tell us what the Urban Institute does?

Dr. BURT. Yes. It is a nonprofit public research corporation engaged primarily in policy-analysis-type work for Government agencies.

Mr. PHILLIPS. Would that be State, Federal, and local agencies?

Dr. BURT. Yes, it includes all three.

Mr. PHILLIPS. And could you tell us what you did at the Urban Institute prior to assuming these responsibilities here in Miami?

Dr. BURT. Well, my primary job during the past approximately 1 year has been as director of what is called the Dade County drug abuse project. Prior to that I directed other projects for them in the health, education, and welfare area as well as other studies related to policy analysis.

Mr. PHILLIPS. What was your responsibility as director of this Dade County research group?

Dr. BURT. It was to direct the study. The study staff consisted of another senior research staff member from the Urban Institute, Mr. Louis Blair, and several other staff members from the institute.

We did this study in conjunction with the county manager's office here in Dade County. The county manager's office provided several project staff members and data gatherers.

Mr. PHILLIPS. I think, Mr. Chairman, at this time, it might be appropriate to note that the county manager has been most cooperative with us and he has made available to the committee a copy of the report which Dr. Burt and his associates at the Urban Institute submitted to the county manager, and the staff has written and provided the report with an analysis.

Could you tell us, Doctor, what your objectives were when you commenced this study?

Dr. BURT. First of all, we conducted the study as we conduct all studies, from the perspective of the decisionmaker, in this case the county manager.

The primary objectives were first to look at the existing treatment program efforts in Dade County and to evaluate them.

Mr. **Brasco.** How many programs did you say?

Dr. **Burt.** Treatment?

Mr. **Brasco.** Did you give the number of the programs?

Dr. **Burt.** No; I did not. I can give you a number if you would like.

Mr. **Brasco.** No; I thought you did.

Dr. **Burt.** To evaluate the programs and to evaluate other programs outside of Dade County in terms of their cost and probable performance and effectiveness in treating primarily heroin addicts

I would like to say a word about the report, if I may, before we go any further.

I realize that the county manager has furnished a copy of the report. The particular version which you were furnished is what we call a preliminary draft, which is not intended for circulation, quotation, attribution, or anything else. It is really three drafts away from the final version.

We are now intensively rewriting that particular draft; we are updating it and changing some of the data. We will have another draft completed sometime around the end of July, and then after that we will prepare a final draft which will be distributed and be available for quotation, and so on.

Mr. **Phillips.** Well, in the interim, we would like to have the benefit of your thinking at the time.

Can you tell us about what you did find concerning the addict population here in Dade County?

Dr. **Burt.** First of all, I would like to make it clear that it is extremely difficult and somewhat hazardous to estimate the precise numbers of drug users, abusers, and addicts, and we have to differentiate which we are talking about.

We are talking about heroin addicts which are defined as individuals who are habitually using the drug, addicted to it, and would experience withdrawal symptoms if they were not able to obtain it. It is very difficult, of course, to determine exactly how many there are. We have made an estimate, based on some statistical techniques, using the data we have gathered, and we end up with a range between 7,000 and 12,000 heroin addicts in Dade County.

Mr. **Brasco.** How large a county is that, sir?

Dr. **Burt.** I beg your pardon?

Mr. **Brasco.** How large a county is Dade County, populationwise?

Dr. **Burt.** I believe it is about 1.2 million.

Mr. **Brasco.** And you said your range for heroin addiction was between 7,000 and 12,000?

Dr. **Burt.** Yes; 7,000 to 12,000. We do not know how many experimenters there are; we do not know how many individuals have used, at some time, other drugs; and we do not know how many are addicted to other drugs.

Mr. **Phillips.** Would it be fair to say that the picture of drug abuse here in Miami and Dade County would be substantially more than the figures you have just given us?

Dr. **Burt.** Are you speaking of drug abuse or heroin?

Mr. **Phillips.** Drug abuse.

Dr. **Burt.** Drug abuse in general?

Mr. **Phillips.** Yes.

Dr. **Burt.** Well, certainly, the number of individual drug abusers would have to be larger than that.

Mr. **Phillips.** Have you been able to arrive at a factor by which we could estimate that?

Dr. **Burt.** No, sir; there is no such factor.

Chairman **Pepper.** Doctor, tell us about the death rate from heroin addiction in Dade County, please.

Dr. **Burt.** I do have data covering the period from 1969 to 1971. I understand that the assistant medical examiner will testify later. He will give you the same data and, perhaps, also more recent data for 1972.

During the period 1969 to 1971, there were a total of 126 deaths in which opiates were involved.

Mr. **Phillips.** Could you tell us whether or not you determined what the amount of drug abuse and drug addiction was in the Miami school system or the Dade County schools?

Dr. **Burt.** We have no information on the subject.

Mr. **Phillips.** Could you tell us why you do not have any information on the subject?

Dr. **Burt.** There is no such information available, and we were not able to gather this data in the course of our study.

Mr. **Phillips.** Did you or the county manager attempt to have the school board conduct a survey of their operations to determine what the extent of drug abuse was in the school system?

Dr. **Burt.** Yes, we did.

Mr. **Phillips.** What happened?

Dr. **Burt.** Well, the county manager's office and the Urban Institute approached the board of public instruction regarding conducting a survey of drug abuse among school-aged children.

They initially agreed to this, but the survey was not conducted during the course of our study.

Mr. **Phillips.** In other words, the board of public instruction, which is the school agent here in Dade County, was approached by you at the Urban Institute and by the county manager's office and was specifically asked to conduct a survey to determine what the extent of drug abuse was in the schools; is that correct?

Dr. **Burt.** Yes; that is correct.

Mr. **Phillips.** Do you think that is vitally needed information in order to attack this problem?

Dr. **Burt.** I think that information would be useful and informative.

Mr. **Phillips.** In order to provide for a program or even to know the dimension of the problem, those facts are vital; are they not?

Dr. **Burt.** I think that is very important information for planning purposes, in order to determine the extent of the problem, to better know where we stand now.

Mr. **Phillips.** Why didn't the board of public instruction conduct this survey; if you know?

Dr. **Burt.** I really don't know. I can suggest some reasons why they possibly had some reservations about it.

Mr. **Phillips**. Well, can you tell us what the conversations were between the county manager and that organization and the Urban Institute and that organization, so far as you know?

Dr. **Burt**. Well, roughly, you must understand that this was approximately 9 to 12 months ago when I had the conversations.

As I recall, we approached them and described the study to them. We mentioned that similar surveys had been conducted in other cities. We suggested some significant limitations to these kinds of studies. I think among them is the fact that they are basically dependent upon the responses of students. In other words, they are asked: "Do you use certain drugs? To what extent?" And, so on, like this. It is impossible to validate the accuracy of that kind of information.

I think, too, possibly some individuals may have had some reservation as to the extent to which such data would be useful to them in their own planning.

Beyond that, I do not think I could really speculate.

Mr. **Phillips**. In your work at the Urban Institute and your work here, we have some indication that the school authorities—and this is throughout the country, not necessarily in Dade County—are very reluctant to get the true facts relating to drug abuse because they think the facts are going to reflect unfavorably upon the school systems if they make public the extent of drug abuse in the schools. It would give the schools a blackeye, and they would rather sweep it under the rug. Would you say that is some of the thinking you have encountered in relation to these surveys?

Dr. **Burt**. No; I really cannot respond very well to that particular question. The only experience we have had with respect to this kind of survey is in two cities, Nashville and here. I cannot really comment on the motive of the individuals involved.

Chairman **Pepper**. Excuse me, Dr. Burt.

What reason did the school authorities give for not conducting the survey that you asked them to make?

Dr. **Burt**. As I recall, I know that they agreed to do it. As time went on, I believe they had other things that the particular evaluation people were required to do. And, as I recall, one major reason was the workload involved, since it would take a substantial amount of work to do this kind of a survey.

But, again, I believe with all due respect, their reasoning should come from them.

Chairman **Pepper**. So; they just did not do it?

Dr. **Burt**. Yes; sir.

Mr. **Phillips**. And they were specifically requested to do it by you?

Dr. **Burt**. Yes.

Mr. **Phillips**. You felt that it was desirable and the county manager's office felt it was desirable.

Dr. **Burt**. Yes.

Mr. **Phillips**. And the board of public instruction did not cooperate with you in your desires; is that correct?

Dr. **Burt**. Well, in that the survey was not conducted.

Mr. PHILLIPS. You are rather meticulous in your answers, Doctor. Thank you.

Can you tell us what you found to be the statistical composite of the drug addict here in Dade County?

Dr. BURT. If you do not mind, I had better look at some notes here.

Mr. PHILLIPS. Please do. Please do. I really prefer you refresh your recollection with notes so far as that is possible.

Dr. BURT. I can tell you what the statistically average client is in the treatment programs in Dade County; that is, of the eight major treatment programs that we evaluated.

Now, this may or may not be precisely the same as the average addicts, but it certainly is the average client for treatment programs and is statistically the average client who is a fictitious person combining characteristics of all clients. He is a white single male, 19 to 25 years old, who has abused heroin, or he says he has, for 2 to 3 years and claims to have spent about $40 a day on drugs prior to entering the program.

Mr. PHILLIPS. So, that would be the typical addict here in the treatment facilities; is that correct?

Dr. BURT. Yes.

Mr. PHILLIPS. Now, you say he has been involved for a 2- to 3-year period; is that correct?

Dr. BURT. Yes.

Mr. PHILLIPS. And that would, at the lower level of the addict, reach down into the high school level; is that correct?

Dr. BURT. Yes; it would include some high school students.

Mr. PHILLIPS. One of the reports that you have filed indicates that approximately 12 percent of the people who are in these treatment programs are high school students; is that correct?

Methadone. I am talking about methadone maintenance.

Dr. BURT. High school students?

Mr. PHILLIPS. Yes.

Dr. BURT. I do not recall that particular number.

Mr. PHILLIPS. Well, did you find out there were high school students who were in these programs?

Dr. BURT. I do not know. We did not gather that particular bit of data. We do know the ages of individuals in the programs. We do know that no methadone-program addict client is under the age of 18, with a very occasional exception. But I do not know how many of these individuals are actually enrolled in high school.

Mr. PHILLIPS. I see. Do you know how many are students?

Dr. BURT. Yes, but I do not have that particular number with me.

Mr. PHILLIPS. We will obtain the report and incorporate that.

Dr. BURT. Yes. We will submit the report when it is completed for the record.

(The report referred to was retained in the committee files.)

Mr. PHILLIPS. Now, did you come across any information in relation to how much theft, how much stolen property is obtained by addicts here in Dade County?

Dr. **Burt.** We estimate that it is on the order of $28 million per year.

Now, this includes stolen property and stolen money; that is, the supposedly fair market value of the property plus the actual cash.

Once again, it is very difficult to come out with a very precise number. The range could be anywhere from $8 million a year to $35 million. But I think $28 million is probably the most reasonable single estimate that we can make.

Chairman **Pepper.** We are constantly confronted by the question of "where are we going to get the money?" when we talk about putting into effect programs that will treat and rehabilitate drug addicts.

You said that the school system probably did not go ahead with the survey because of the work that was involved being considerable and maybe they did not have the money. I do not know, but what I want to emphasize is that from your statement you are saying that approximately $28 million a year is being involuntarily contributed to heroin addiction by the citizens of this county.

Now, a program having $28 million a year behind it would be quite a program to treat and rehabilitate people, would it not?

It is not a fact that we are saving by doing nothing. Our people are already, involuntarily, in this one county, contributing, according to your best estimate, $28 million a year. That kind of contribution, or loss, must always be taken into account, it seems to me, in connection with how much it costs to put a program into effect.

You are not saving any of that $28 million that is taken.

Mr. **Phillips.** Dr. Burt, could you tell us what you found in relation to the treatment system for addicts here in Dade County?

Dr. **Burt.** I am sorry, but I am really not sure where to begin.

Are you speaking in terms of the entire system that deals with drug addicts?

Mr. **Phillips.** Well, would you address yourself to that portion that you feel you can address yourself to? We will cover the other portion subsequently?

Dr. **Burt.** Well, once again, I am really not sure where to start. Certainly, Dade County has a considerable variety of different types of treatment programs. I think it has some very useful movements underway toward tying this system together. At the time that the draft report was written, of which you have a copy, these efforts were much less far along than they are now.

In our updated version which will be out in about a month, we are going to modify some of the statements that have been made with respect to an effort at planning, evaluation, and coordination among the various treatment programs.

Mr. **Phillips.** You originally described them as "There was no well-coordinated, efficient drug treatment system in Dade County"; is that correct?

Dr. **Burt.** I think this is correct; yes.

Mr. **Phillips.** Now, you say that the system was, as I understand it, unplanned, uncoordinated, and so forth; is that correct?

Dr. **Burt.** Well, that was certainly valid as of about the end of 1971.

Mr. **Phillips.** Recently, some efforts have been made to improve this?

Dr. **Burt.** Definitely. There are efforts underway now, for example, through the health planning council which has appointed a drug abuse task force, and there are useful efforts underway at attempting to achieve greater coordination among the various programs and attempting to achieve some measure of planning. And these are useful steps in the right direction. Of course, they have a long way to go, but the efforts are really quite recent.

Mr. PHILLIPS. Now, when you say "quite recent," you mean in the last couple of months?

Dr. BURT. Since last September to be precise, and then I think they got well underway, roughly, during last November. But it takes a long time and a lot of effort and education to develop a well-planned, well-coordinated drug treatment system. No such system exists in any city in the country today.

Mr. PHILLIPS. Did you also find that the ethnic composition of some of the treatment programs was not fairly representative of the community here? Do you understand my question?

Dr. BURT. I believe I do. You are raising the issue of the ethnic distribution of addicts; that is to say, the number and percentage of addicts who are white versus black, for example, and how the distribution of addicts treated by these programs compares. The answer is that the heroin addiction problem is disproportionately prevalent among the black population as it is in most cities. I should be more precise when I say that.

By that I do not mean that a majority of addicts are necessarily black, but I simply mean that in view of the fact that roughly 15 percent of the population in Dade County is black, certainly the percentage of addicts is much higher. Less than half of the addicts in Dade County are black, but certainly much more than 15 percent are.

Mr. BRASCO. What is your point, Doctor? It escapes me.

You have been dancing around it. What is it?

Dr. BURT. Pardon me. If I appear evasive, I am not attempting to be.

Mr. PHILLIPS. You do appear evasive, quite frankly.

Mr. BRASCO. Are you saying that blacks, in proportionate numbers, are excluded from these programs or are not participating in these programs?

What is it?

Dr. BURT. All right. Let me be very specific.

Approximately 35 percent of opiate overdose deaths over the last 3 years, 35 percent of those who died, have been black.

Roughly 50 percent of the persons admitted to the Dade County jail during the first 3 months of 1972 who were known addicts were black.

Therefore—and there are other data, too—I think the problem in the black community is disproportionately large.

Now, if we look at the clients treated by treatment programs, we find that they do not treat a very large percentage of blacks.

Mr. BRASCO. What percentage would that be?

Dr. BURT. I do not have a composite figure, Mr. Brasco, but for the methadone maintenance programs, as I recall, the variance is between 15 and 25 percent of the clients are black for the residential therapeutic communities, certainly less than 10 percent of the clients are black. For nonresidential therapeutic programs the percentage is even smaller.

Chairman **Pepper**. Excuse me for just a minute.

I would like to announce that we are very pleased to have our colleague, a Democratic member of this committee, the Honorable Charles Rangel from New York, join us.

Go right ahead.

Mr. **Phillips**. What percentage of the people who are being treated in rehabilitation programs are black?

Dr. **Burt**. Well, I cited, I think, three different figures, sir, because I do not have a composite figure available.

But the figures vary between 25 percent for the ones in the methadone maintenance programs and considerably less than 5 percent for the nonresidential therapeutic communities.

Mr. **Phillips**. So, in the therapeutic communities, white comprise 95 percent of the clients and blacks make up the remaining 5 percent; is that correct?

Dr. **Burt**. Yes. And this, by the way, is fairly typical of therapeutic communities or mental health programs.

Mr. **Phillips**. Why is that?

Why are black people not being treated equally, or fairly as it seems to me?

Dr. **Burt**. Well, I do not fully understand why. I think one of the reasons is that generally people are attracted to programs where they find people of similar racial, ethnic, social backgrounds, both in terms of clients and in terms of the staff members.

Mr. **Phillips**. One of the recommendations was that these programs be expanded to the degree that the black people and the people who have a Spanish surname can be included in these treatment facilities; is that correct?

Dr. **Burt**. Yes.

Chairman **Pepper**. If I may interrupt?

Are most of the programs now voluntary programs, where entry into the program is voluntary on the part of the participant?

Dr. **Burt**. Yes. I believe all of the programs take only voluntary clients.

However, some clients do come under some pressure from the courts and probation officers. But they are still considered to be, basically, voluntary clients.

Mr. **Brasco**. Even those referred by the courts?

Dr. **Burt**. Yes. We do have data on the number of clients who are referred by the courts. However, we do not necessarily call those completely involuntary clients since sometimes there is relatively little pressure, and sometimes the pressure is quite great. But there is no, as you know, involuntary civil commitment program in Dade County.

Chairman **Pepper**. Go ahead, Mr. Phillips.

Mr. **Phillips**. Doctor, you also had an occasion to look at the drug education programs in the school system. What did you find?

Dr. **Burt**. I am sorry to say that we really know very little about it. The focus of our study was on heroin addiction, and we did not get very much at all into the school programs themselves. The only exception to that really is that one or more treatment programs would have some involvement with the schools in providing some counseling, operating various kinds of sessions, providing lectures, and so on.

Mr. **Phillips.** Well, did you find that these education programs were of doubtful—you used the word "doubtful"—effectiveness?

Dr. **Burt.** Well, the statement in there refers to educational programs in general rather than to Dade County specifically.

Based on what we have learned about education programs in general, it is really not known how effective they are in terms of preventing or minimizing the progressive involvement of young people in the drug culture. Evaluations have generally not been conducted, and the few that have been were inconclusive. It is not clear right now to what extent any education program is helpful.

Mr. **Phillips.** In other words, your description of its doubtful effectiveness is because it has not been evaluated and the results do not seem to be terribly significant?

Dr. **Burt.** It simply is not clear how effective educational programs are with respect to drug abuse.

Mr. **Phillips.** One other question, Doctor:

One of your recommendations is, apparently, that the school system conduct these various surveys you have started out with; correct?

Dr. **Burt.** Yes, or a similar survey.

Mr. **Phillips.** After a year's work, or a year-and-a-half's work, you are still back in the same step of the school system; they have not conducted a survey. Are you recommending they conduct a survey?

Dr. **Burt.** Yes, we are.

Mr. **Phillips.** Then, how much time has elapsed, Doctor, since the time you initially undertook this study until today?

Dr. **Burt.** Well, from the time the study actually got underway, it has been about a year. I do not remember precisely how many months have passed since we initially approached the school board or since they agreed to conduct the study, but I suppose it has been about 9 months, roughly.

Mr. **Phillips.** So, we have lost another 9 months; is that correct?

Dr. **Burt.** It has been, say, 9 to 11 months since we asked them to do it.

Mr. **Phillips.** I have no other questions.

Chairman **Pepper.** Mr. Brasco?

Mr. **Brasco.** Yes.

Doctor, I can understand your reluctance for not wanting to answer for the board of public instruction with respect to their reasoning in not wanting to conduct the survey.

The board of education, its counterpart in the city of New York, suffers from a bad case of myopia. I hope it is not true here in Miami.

In any event, I suspect that one of the most important considerations concerning programing is when the State and the Federal legislative bodies have to appropriate moneys for these programs. We ought to know what kind of problem we are talking about before we can realistically talk about how much is needed and what is needed.

Let me ask you this: How many schools did you cover in your survey?

Dr. **Burt.** Well, we did not, of course, conduct the survey.

Mr. **Brasco.** This was supposed to be a survey of drug abuse in the schools; was it not? Or did I misunderstand what the survey was geared toward?

Dr. Burt.Yes. It was to be a survey of drug abuse among school age children.

The survey was to actually take place in the schools. It was to be either a sample or a 100-percent survey of all children in the eighth grade and the 11th grade.

Mr. Brasco. How many schools would that be?

Dr. Burt. That would be all of the high schools and the junior high schools in Dade County.

Mr. Brasco. We do not know how many schools we are talking about?

Dr. Burt. I do not really know.

Mr. Brasco. I was just curious.

Mr. Phillips. There are 20 senior high schools and 39 junior high schools in the Dade County school system.

Mr. Brasco. And how large a school population is that?

Mr. Phillips. Junior high schools, 60,306; senior high schools, 48,482.

Mr. Brasco. The real point I am trying to make, Doctor, is to try to ascertain how you came up with the figure of 7,000 to 12,000 heroin addicts.

Dr. Burt. Well, the figure of 7,000 to 12,000 came from four separate estimates of the number of heroin addicts. It really had nothing to do with the schools per se, but only addressed persons addicted to heroin.

Now, to the extent that school-aged children were addicted, they would probably show up in those figures.

Mr. Brasco. All right. Now, how did you come up with the 7,000 to 12,000? I mean, what criteria did you use to fix them as heroin addicts?

Dr. Burt. We took, first of all, the clients of programs, who were known heroin addicts, as a basic file. I am trying not to get into all of the statistical manipulation, but forgive me if I do. Nevertheless, that was our basic file. We compared this to other files of known addicts which included persons who had died from opiate overdoses, persons who had been arrested for opiate offenses, and persons who were known addicts and were in the county jail. We tried initially to use data on persons who had contracted hepatitis, but the data were too unreliable. We used, also, the so-called Baden formula that was developed, as you know, in New York City, and then took these estimates and came up with a range.

Mr. Brasco. Can you tell us what the estimates were before you threw them into the formula?

Dr. Burt. Before what?

Mr. Brasco. Before you used any formula, what were your estimates? With the fixed facts that you came up with in the program, in the jails, the overdoses, can you tell us what those fixed numbers were?

Dr. Burt. Well, I do not have the exact numbers in front of me, but there were more than 2,000 individuals treated by treatment programs.

Mr. Brasco. Right.

Dr. Burt. There were in excess of, I believe it was, 127 individuals who died from heroin overdoses from 1969 to 1971.

There were 2,319 drug-related arrests in 1970. I believe it was, in Dade County, of which 336, I believe, were for possession of opiates.

There were, I believe, 28 heroin addicts admitted to the Dade County jail during the months of January through March 1972.

Mr. Brasco. What I am trying to find out is: When you came up with a base figure, was it around 4,000 and you projected it on the 7,000 to 12,000? That is what I am trying to find out.

Dr. Burt. No. This range simply expresses the fact that we are uncertain what the exact number is and these estimates are really the number of addicts that we estimate to be in Dade County as of the middle of 1971. And, as I say, we cannot state a very precise number.

Mr. Brasco. No, I understand that. I am not being critical as to that statement. I was just trying to find out how one comes up with a number.

Let me ask you this: During the course of your survey—and I assume you spoke to people—did your study have anything to do with the sales of narcotics in and around school premises?

Dr. Burt. No, Mr. Brasco. We did not include that at all. The study did not address what we call the supply side of drugs at all, including schools.

Mr. Brasco. But did you get into related fields; that is, the violence that surrounds drug abuse and addiction?

Dr. Burt. Not as such, only to the extent it is reflected in the crime rate.

Mr. Brasco. Is that a reflection of Dade County? How much of a percent of crime in Dade County is attributed to drug addiction and drug abuse?

Dr. Burt. Well, we are really not certain. We are really not certain.

Mr. Brasco. Can you give us an estimate? In New York, we use an estimate of anywhere from 50 percent to 60 percent.

Dr. Burt. I would say anywhere from 10 to 50 percent, very, very roughly, in Dade County.

Mr. Brasco. That is rough. Now, you say that included in this were addicts 19 to 25 years of age.

Dr. Burt. Well, the figures 19 to 25 reflect the statistically average addict who was treated by a treatment program.

Mr. Brasco. But that would have no relationship to the high schools, would it?

Dr. Burt. Well. I am trying to interpret your question. The addicts that we identified range in age from between 14 to, I think, 64 or 65.

Mr. Brasco. Let me ask you this: How many were in the age range of 19 to 25?

Dr. Burt. I do not have the number in front of me, but I will be happy to supply it for the record.

(The following information was subsequently received from Dr. Burt:)

Fifty-four percent of known addicts are 19–25 years of age. If there are a total of 9,500 addicts and known addicts are representative of them, 5,130 are 19–25 years of age.

Mr. Brasco. How did you, then, translate that age group to the school-age group, if you did?

Dr. Burt. We did not attempt to translate that into usage by school-age children. The vehicle for that was to be the survey I mentioned.

Mr. Brasco. In other words, the survey having a twofold purpose, one being to try to identify the amount of drug abuse and addiction in the schools, and then for the total population of Dade County?

Dr. Burt. Well, it would address only school-age children and there would be no way to extrapolate that data to other age groups, but we hoped that it would give us some reasonable handle on the extent of drug usage among school-age children.

Mr. Brasco. And in answer to counsel, you commented on the effectiveness of the program, and you basically said that you could not make any statement with respect to that because there had been no followup or controlled data with respect to the programs; is that substantially what you said?

Dr. Burt. Referring to the education programs.

Mr. Brasco. Well, in the beginning you said the objective of your study was to evaluate the programs, one in terms of costs and in terms of effectiveness.

Dr. Burt. Yes.

Mr. Brasco. Well, what about the effectiveness?

Dr. Burt. We are now in the process of completing our evaluation of the data, and, so, I believe it would be somewhat premature for me to make any statement now as to the effectiveness of each of the programs.

Mr. Brasco. Well, generally speaking, can you give us some insight as to it?

Dr. Burt. Well, I really do not believe that I could help too much. I am not trying to be evasive. Please understand. We are in the process of gathering certain additional information, trying to clarify certain of our interpretations, and we are redoing a certain amount of the data also. I really would not want to mislead you or anybody else by attempting to give you an opinion now.

Mr. Brasco. Thank you, Mr. Chairman.

Chairman Pepper. Mr. Keating?

Mr. Keating. Yes, Mr. Chairman, I just have a few questions.

I did not get your figure on the number of deaths that were due to drug addiction from 1969 to 1971.

Did you not give us that number?

Dr. Burt. The number of deaths in which opiates were involved was 126.

Mr. Keating. 126 in a 2-year period of time.

Dr. Burt. That is a 3-year period, 1969 through 1971.

Mr. Keating. Now, earlier you had indicated that the blacks, to use your words, had a disproportionate number on heroin in relation to their ratio of the population in Dade County; is that correct?

Dr. Burt. Yes.

Mr. Keating. Did you break it down into other groups or categories or ethnic backgrounds, Spanish-speaking or other designations?

Dr. Burt. We did not break it down further.

Mr. Keating. You just did black and white?

Dr. Burt. Yes.

Mr. Keating. I do not have any other questions, Mr. Chairman.

Chairman Pepper. Mr. Mann?

Mr. Mann. No questions, Mr. Chairman.

Chairman Pepper. Mr. Rangel?

Mr. RANGEL. Yes. Thank you.

Doctor, do you know the amount of money that was involved in this contract that went on between Dade County and the Urban Institute?

Dr. BURT. Yes. The amount of the contract was $25,000. Substantially more than that was provided by the Ford Foundation.

Mr. RANGEL. Was it spelled out in the written agreement exactly what population was going to be sampled in order to determine the degree of drug addiction in Dade County?

Dr. BURT. The contract spelled out that we would focus on heroin addicts as opposed to drug abusers in general.

Beyond that, no.

Mr. RANGEL. How could any report be effective that excluded the student population?

Dr. BURT. Well, we certainly set out in an attempt to include it, but were unable to get the information, as was mentioned earlier.

Mr. RANGEL. My problem as a lawyer is, that if your firm was contracted to do a specific job, why would not the other parties to the contract not assist you in getting at the information that they contracted for?

Dr. BURT. Well, I believe they did, and that is to say the contract was with the county, with the Dade County government. And I do believe that they did everything in their power to attempt to facilitate the gathering of the information.

The school board is a separate jurisdiction in Dade County, and I do not believe they had any contractual obligation in regard to that at all.

Mr. RANGEL. Well, it would just appear to me—and I do not know whether you would agree—that any drug abuse survey that excludes the student population is just throwing money down the drain.

Dr. BURT. I am not sure I understand your point.

Mr. RANGEL. I just cannot, for the life of me, see any political subdivision contracting with your firm or any other firm to determine the extent of drug abuse within a given county and then, for jurisdictional purposes or any other purpose, exclude the youngsters of that given community.

Dr. BURT. I do not believe it is fair to say the county manager's office attempted to exclude the young people.

Mr. RANGEL. I am not here to attempt to identify the personality responsible and it is difficult for me to understand the difference in jurisdiction, but, in trying to be objective, almost everyone in this town should be concerned as to the number of youngsters that are drug addicts.

Dr. BURT. Certainly.

Mr. RANGEL. And if, for any given reason, this information was not incorporated in the survey then it seems to me that it would certainly detract from the attention that one should pay to the survey. I was wondering, as a professional, whether or not you would agree.

Would you have assumed this task if you had known in advance that you could not get information on the student population?

Dr. BURT. Yes, certainly.

Mr. RANGEL. You mean that you would think that the report does have some validity in determining drug addiction in Dade County with the exclusion of students?

Dr. **Burt.** Would you please repeat your question?

Mr. **Rangel.** I am just asking, as a professional researcher from the Urban Institute, whether or not you believe you could offer a valid report, or a report that would have some bearing on the problem, if you had known in advance that you would not be able to obtain information related to the student population?

Dr. **Burt.** Well, I certainly think "Yes, we would." And for the reason that the major problem with respect to heroin addicts is not in the schools. If we look at the number of addicts—I do not know really the percentage who would be actually in school, but I would guess that it would be extremely small. And, please, bear in mind that I made a distinction earlier about heroin addicts as compared to occassional users, and those who abuse other drugs. I believe that we did pick out the disproportionate share of heroin addicts in our study.

Mr. **Rangel.** Well, I hope that Dade County does not make the same mistake that the New York City Board of Education made, because for some 10 years they assumed that very same attitude and made that very same type of projection. Now it is reported that in many of the schools the addict population is 85 percent of the school population: It seems to me to be very dangerous to predict a minimum involvement of youngsters with drugs when the parents certainly would want that type of statement verified through a survey. I hope you are right, but it seems as though you are really sitting on a powder keg if you walk away from Dade County and say "We have identified the unemployables but we really do not know what is going on in the schools."

I have no further questions.

Dr. **Burt.** I would like to reclarify one thing, and that is that we contracted to evaluate drug treatment programs which were under the jurisdiction or otherwise under the control of the county government, and for this reason we were really unable to specify that we would in fact, evaluate treatment programs in the schools because of the jurisdictional difference.

Mr. **Brasco.** Would my friend yield for a question?

Mr. **Rangel.** Yes.

Mr. **Brasco.** I do not want to belabor this point, Doctor, but this is something that, at least, I was not able to understand. When you received the contract for the survey, was it at all considered that you were to have the independent capabilities of coming up with the survey of drug addiction in the schools without the cooperation of the schools?

Dr. **Burt.** Well, there is no way.

Mr. **Brasco.** Did they consider your independent capabilities to do any thing like that?

I am not sure there is no way, but I am just wondering whether or not they took that into consideration, or was it all predicated on the fact that you would get cooperation from the board of public instruction?

Dr. **Burt.** Well, what we said we would do was to attempt to get their cooperation for the purpose of conducting such a survey.

Chairman **Pepper.** Excuse me just a minute. If you will yield?

Mr. **Brasco.** Yes, sir.

Chairman **Pepper.** The school board here, of course, is an elected body, and it is elected just like the board of county commissioners which is the governing authority at the county level. Was it a matter of jurisdiction, the county government feeling it should not make a survey of the drug problem in the schools, leaving that to the separate jurisdiction of the school authority?

Is that the reason that the school population was not included in your contract?

Dr. **Burt.** Yes, sir.

Chairman **Pepper.** And you requested, or the county manager requested, the school authority to make the survey in the schools?

Dr. **Burt.** Yes, sir.

Chairman **Pepper.** Go ahead.

Mr. **Rangel.** If I may follow along? I think the information solicited by the chairman may change the situation, because in New York City one of the reasons that they do not have physical examinations and one of the reasons they do not have surveys is because the public school system would not want people to believe that they have addicts in the schools.

But I assume you have different reasoning as it relates to the board of public instruction here?

Dr. **Burt.** Well, I really have no reasoning at all. I believe that information should come from them.

Mr. **Keating.** Do you know if the board of education has done their own study on drugs in the schools?

Dr. **Burt.** My understanding is that they have not conducted that particular study.

Chairman **Pepper.** Excuse me just a minute.

When you told us about the request having been made by the county manager for the schools to make their own survey about drugs in the schools, to whom was that request made in respect to the schools?

Dr. **Burt.** The particular individual?

Chairman **Pepper.** Yes. What I am getting at is: Was it made to the board of public instruction, the chairman of the board, a member of the board, or was it made to the administrative authority, the superintendent?

Dr. **Burt.** It was made to the administrative authority.

Chairman **Pepper.** They got it?

Dr. **Burt.** Yes, sir.

Chairman **Pepper.** Was it made to Dr. Wiggin, the superintendent of public instruction?

Dr. **Burt.** I am sorry, sir, I do not recall his name. I believe it was to one of his assistants, and I believe—I am not sure of this—that there was some informal discussion held at higher levels, but I cannot say for sure just what these were, who they were with, and so on.

Mr. **Nolde.** Was it made to Dr. Bell?

Dr. **Burt.** I believe it was.

Chairman **Pepper.** Excuse me. Dr. Porter is in the room now, and he is one of the administrative assistants to Dr. Wiggin in the board of public instruction.

Do you recall, Dr. Porter, to whom the request was made?

Statement of Dr. Porter

Dr. **Porter.** No, sir; I do not. But I would like to say this: One of our men is supposed to speak to this committee on Friday, and he will answer your questions at that time.

Chairman Pepper. Very well. All right.

Dr. Porter. And any questions you have pertaining to this survey, he will answer.

Mr. Keating. I would just like to add my thought that a study simply cannot be complete unless it includes the schools today. How can you tell what you are primarily attempting to evaluate in the program; how can you correctly tell the percentage of the population of addicts receiving treatment; how can you tell how good they are doing if you cannot tell how many are being treated?

The study must have an awful lot of voids in it if it does not include the school population. Any school board today that does not conduct its own study, which requires another study in light of the high incidence of drugs across the country in schools, so far as we have been able to determine really is derelict. I do not know whether that is true in this situation because I really have not been able to tell from your testimony or develop anything concrete on what you are doing or not doing.

Now, it may be because your study is not yet complete, and you do not want to reveal what you have, but I really do not think we have nailed you down properly on what your study does include and what it does not include and what facts you should develop.

Chairman Pepper. Excuse me. For the information of my colleague, we have the figure of about 241,000 students in the Dade County school system.

Dr. Porter. The latest figures show 241,000. Broken down: 168 elementary schools with 120,450 students; 39 junior high schools with an enrollment of 60,306; 20 senior high schools with an enrollment of 48,482; and there are nine special schools, making a total of 236 schools.

Chairman Pepper. I think that would be helpful to your question, to know how many students we have. There are about 241,000.

Go ahead.

Mr. Phillips. I have no further questions.

Chairman Pepper. Mr. Rangel?

Mr. Rangel. No further questions.

Chairman Pepper. Mr. Brasco?

Mr. Brasco. No further questions.

Chairman Pepper. Mr. Mann?

Mr. Mann. Nothing further.

Chairman Pepper. Mr. Blumenfeld?

Mr. Blumenfeld. Doctor, was the cost of this proposed survey included in the contract?

Dr. Burt. No; it was not.

Mr. Blumenfeld. What additional costs would be entailed to complete the study?

Dr. Burt. I am really not sure. We did offer to provide some assistance, some consultation, and some resources, to help conduct the survey which would have been taken out of the staff time available for the study.

Mr. Phillips. The county managers offered to shoulder much of the burden themselves; is that correct?

Dr. Burt. Part of the burden. I am not really sure what the total cost of the survey would have been. It would have been conducted using in-house staff anyway.

Mr. **Blumenfeld**. You were attempting to do the survey in Miami and Nashville; is that correct?

Dr. **Burt**. This particular survey would only have been done here. I mentioned Nashville only because I had had some experience there. I know that a survey was conducted there. Such surveys have been conducted in at least a dozen other cities that I am aware of.

Mr. **Rangel**. By your firm?

Dr. **Burt**. No; by others.

Mr. **Rangel**. Do you know whether any other survey excluded the student population?

Dr. **Burt**. The survey that I am referring to considered only the student population.

Chairman **Pepper**. Excuse me just a minute.

We have one of our distinguished members of the school board here, Mrs. Phyllis Miller.

Mrs. Miller, would you like to make a statement? Or later in the hearings, if you have a statement to make, Mrs. Miller, you could speak.

You are welcome, Mrs. Miller, and we appreciate your being here. If you would like to say anything we would be pleased to hear you at your pleasure, either now or whenever you would like to be heard.

Statement of Phyllis Miller

Mrs. **Miller**. Well, I really came to hear what all of the various members of the community would have to say. I would like to comment.

I am a new member of the board, and I have only been in office since last January. Anything that preceded that time, I would not pretend to be knowledgeable about; however, to my knowledge, there was never any request for this type of survey that came before the board of public instruction.

Apparently, the request was made on an administrative level and was denied at that point and was not pursued any further.

Anyone has the right to appear before the board if they feel that they have a grievance or a request to make, and I do not feel that it is fair to indict the board of public instruction for denying this survey when it was never even brought to our attention.

Chairman **Pepper**. Mrs. Miller, would you be good enough to find out who on the administrative staff was contacted?

Mrs. **Miller**. I certainly am going to make it my business.

Chairman **Pepper**. Of whom the request was made, whether it was on the administrative level or not?

Mr. Good is the county manager for our metropolitan board of county commissioners, and he evidently dealt with it on an administrative level in dealing with the school board. However, the school board is the final authority, of course, in school matters, and perhaps it is unfortunate that after nothing was done with Dr. Burt it was not brought to the attention of the chairman of the school board to see whether or not it is the policy of the school board.

Dr. **Porter**. I just want to raise one question, Mr. Chairman.

Mrs. **Miller**. While he is coming up, I would like to add that it is common knowledge that if anyone feels that they do not get satisfaction on an administrative level that they have the right and the obligation to appear before the board.

We are, as you say, the court of final appeal.

I would like to add also that to my knowledge no survey has ever been made, either by an outside firm or by the school authorities as to even predict the amount of addiction in our schools. Since these hearings, I am becoming convinced that it is far more widespread than we had ever dreamed, and after hearing some of the young people up at the Seed program, I am convinced that the problem is emanating even at the elementary level. We are going to need help. I feel that we are going to need the authority to remand children like the courts on a compulsory basis to a therapeutic facility where they will get the kind of help that they need. We suspend a great many children for the use of drugs in schools, and, to my knowledge, we are not giving them any other help. And, from what I have heard from the young people, themselves, when they go out on this suspension, that is the time where they just go deeper into drugs because they have more time.

Mr. **Phillips**. That seems to be a policy followed by many school boards, Mrs. Miller, and it is probably a national disgrace.

Mrs. **Miller**. Yes. Up until very recently, there was no place to send them, but it appears as if there are some techniques that are working.

I think we are going to need your help.

Chairman **Pepper**. Well, we have been hopeful that one of the effects of our hearing would be to bring this matter out in the open and get the people who are knowledgeable and who are responsible and concerned about it—I know you would be, since you are here, and you would be more than knowledgeable as a member of the school board about this problem.

Dr. Porter, what did you want to say?

Dr. **Porter**. I wanted to raise a question—and not to prolong anything or argue: Is anyone here absolutely sure that the city manager, Ray Good, made such a request for a survey?

Mr. **Phillips**. We have been advised that they did.

Chairman **Pepper**. Doctor, do you have knowledge of whether the county manager made such a request?

Dr. **Burt**. We will be glad to furnish a copy of a letter sent to the administrative level of the school board.

Also, the matter was discussed formally with at least one member of the board of public instruction. I believe he is testifying later on.

Chairman **Pepper**. Now, you have a letter, you say, from the county manager to somebody in the administration of the school system?

Mr. **Burt**. Yes.

Chairman **Pepper**. You can produce that letter?

Dr. **Burt**. I can.

Chairman **Pepper**. I beg your pardon?

Do you have it with you?

Yes, Dr. Porter.

Dr. **Porter**. Could Mr. Stone of our public relations department say just a word about that?

Chairman **Pepper**. What did you say, Mr. Burt? You do have the letter?

Dr. **Burt**. Yes, we do.

Chairman **Pepper**. Will you present it now?

Dr. **Burt**. I hasten to say that it is in our files, and we can get it out and make it available to you, if you would like.

Chairman **Pepper**. Well, will you?

Can you make it available during the day to us?

Dr. **Burt**. We will certainly try to. We will look for it right away.

Chairman **Pepper**. Very well.

(The letter referred to above follows:)

THE URBAN INSTITUTE,
Washington, D.C., November 17, 1971.

Dr. BENJAMIN SHEPPARD,
Miami, Fla.

DEAR DR. SHEPPARD: I enjoyed talking with you last week about our Drug Abuse Project in Dade County. You asked that I let you know the outcome of our meeting with Dr. Innman regarding the survey of drug usage among school-age children.

Dr. Innman is considerably less than enthusiastic in regard to conducting the survey. He has reservations regarding both the appropriateness of the school system engaging in such a survey as well as some reservations regarding the ability to validate the results of such a survey.

Dr. Innman stated that he is intending to go through with the interviews, but wants to redesign the questionnaire. He is also intending to attempt to provide some validation of the answers by questioning teachers about their impression of the extent of drug involvement among school-age children. I am not sure to what extent this will validate anything. I suppose it depends upon how much faith you have in the desire and ability of teachers to observe and recognize symptoms of drug involvement.

Dr. Innman has several other priority projects that he has to complete first and therefore said that he could not begin field work until the first of February He expects that data could be produced within about one month after that. Although this is somewhat late for our purposes, since we must have our findings and recommendations completed by the first of April, the timing would still be acceptable if he sticks to this schedule. I hope he does.

I suspect that a strong expression of interest on the part of the School Board in obtaining early results would force him to see this through.

I very much appreciate your interest in and continued support of this study.

Sincerely,

MARVIN R. BURT, *Senior Research Staff.*

Dr. **Porter**. I wanted Mr. Stone of our public relations department to say a word on this matter.

Chairman **Pepper**. Very well. Come right up.

What is your name, please?

Statement of Ross Stone

Mr. **Stone**. My name is Ross Stone from the public information department of the county school system.

I have been in touch with Mr. Hy Rothstein who is a consultant for our health and education, and Mr. Rothstein is collecting all of the material that was spoken of here today.

Chairman **Pepper**. Do you have anything to say?

Mr. **Stone**. Yes. Mr. Rothstein has told us that he is familiar with being with the company and that they were asked to cooperate with them as far as the survey and sampling is concerned.

I think it would behoove all of you if you could hear him and then you could have the exact facts.

But it has not been brought before the school board itself.

Mr. **Phillips**. You are in a position to say that it was brought to the school administration?

Mr. **Stone**. As I say, there was a conversation, as far as I understood the conversation, between the firm and our Mr. Hy Rothstein. If a survey was asked, that is for him to ascertain.

Mr. **Phillips**. You do not know the answer?

Mr. **Stone**. I do not.

Mr. **Brasco**. Mr. Chairman, might I ask Mrs. Miller a question?

Chairman **Pepper**. Yes.

Mr. **Brasco**. Mrs. Miller, I know you are only one member of the board of public instruction, but can you tell the committee whether or not you think such a survey would be looked upon favorably by the board of public instruction?

Mrs. **Miller**. Well, I cannot speak for the other members of the board, but I think it is becoming obvious, and it will become more so throughout these hearings, that drug use is far more widespread than any of us have been willing to admit, even to ourselves, and I think it would be very foolish of us to bury our heads in the sand and pretend that it is not happening.

Now, I would not say that I am sure a survey will give as much information as we need, but it certainly would be a starting point where we could begin to at least try to attack this problem. And I would guess that all of the members of the board would want to do whatever they thought would be possible to try to alleviate this. And if the survey was one of the techniques that we needed, it would be very improbable to me that they would refuse.

Mr. **Rangel**. Doctor, is your contract completed?

Maybe we can open it up and get on with the public's business.

Dr. **Burt**. It will be completed as of the end of this month.

Mr. **Brasco**. I wanted to alert you that the board of education in the city of New York has been most reluctant in this area and to possibly alert you and the other members that this type of survey and what you spoke of before, remanding student addicts for treatment, they look upon these as questions of constitutional rights to privacy and the sanctity of the schools. But what has happened in New York is that our schools became sanctuaries for drug pushers as well as student abusers and addicts.

I just pass it on as information, because that is a very sad situation that we find ourselves in, in the city of New York. I think it is because of that kind of approach in the world of academia that makes it possible.

Mrs. **Miller**. I heard 500 students the other evening who all testified that they had purchased their drugs in the schools, so I think it would be very foolish of us to deny that this is happening. These were predominantly junior high school children.

And I am not sure we are going to get all the information we need from the survey, but I think possibly it would open up the eyes of the public—parents who do not want to believe it and the educators, themselves, who do not want to see it in front of them. I think we have to face head-on the problem.

Mr. **Brasco**. Thank you very much.

Mr. **Rangel**. Dr. Burt, if Mrs. Miller's thinking, hopefully, is representative of that of the board here in Dade County, would not your report be much more meaningful if it included the student population?

Dr. **Burt**. Well, unquestionably. We would certainly, as I say, hope to include information on the student population, and I think that the report would have been substantially improved if we had had that information.

Mr. RANGEL. Thank you.

Chairman PEPPER. Thank you very much, Mrs. Miller. And thank you very much, Dr. Burt.

We are now going to take a recess for lunch. The committee members are going to remain here and see a film, during which we will have a box lunch. Anyone else who would like to stay and see this film is welcome. This documentary has been put together by Fred Francis. It is on the treatment and rehabilitation center called the "Seed." We will attend a Seed session tonight in Fort Lauderdale.

We will take an hour's recess, until 2:30.

(Whereupon, at 1:25 p.m., a recess was taken until 2:30 p.m., this same day.)

AFTERNOON SESSION

Chairman PEPPER. I was advised that the film will not be available until later this afternoon; so, at the conclusion of the hearing today we will show the film before going up to see the Seed program.

Mr. Phillips, are you ready to proceed?

Mr. PHILLIPS. Mr. Chairman, the next scheduled witness is Dr. Brian Blackbourne, who is the county deputy medical examiner. He apparently had to leave, and perhaps we can start with the others.

Chairman PEPPER. Dr. Blackbourne had to leave?

Mr. PHILLIPS. Yes, and he is coming right back.

Chairman PEPPER. All right, we will pass over Dr. Blackbourne, the Dade County deputy medical examiner, and take the next witness.

All right, Mr. Counsel, go right ahead.

Mr. PHILLIPS. The next witnesses are, Mr. Chairman, Eric Robinson, Harold Gibber, Anita Sommer, Don Fussell, and Barbara Terp.

Eric Robinson is the drug education resource teacher for the north-central district in the Dade County school system.

Mr. Robinson points out the startling, yet very real, fact that 95 percent of all junior and senior high school students in Dade County know someone from whom they can obtain any type of drug if they so desire.

To combat this ever-growing, ever-present drug problem, Mr. Robinson offers two recommendations. First, that teachers be required to have professional guidance training. Second, that schools capitalize on the talents and capabilities of our students and begin peer group counseling in all schools.

Harold Gibber was recently a teacher of human relations at Coral Gables Senior High School; presently he is on professional leave to complete his doctoral work in education administration. He has been quite active with youth-oriented and youth-related programs, and had a close, warm rapport with many students at Gables High.

Mr. Gibber lists three basic causes of the drug problem: (1) Peer pressure; (2) a user's deep, personal problems; and (3) youths'—in general—anxiety and tension toward society's slow, gradual institutional changes.

He feels that the best solution for the drug abuse problem is strict enforcement of laws against suppliers of drugs at all levels. Along with strict enforcement, he finds it essential to show understanding to those on drugs, particularly through peer group counseling used to redirect peer group pressure.

Mr. Fussell is coordinator of pupil personnel in the south-central district office of Dade County schools. Mrs. Sommer is drug consultant in the same school district. To combat the drug abuse problem within their area, they have found it most effective to let the authorities deal with pushers and allow peer counselors to deal with the variety of personal and social problems of the students.

Their pet project, the HUG—human understanding and growth—room, was a program at Coral Gables Senior High that was so successful the idea has won acceptance in various school systems throughout the Nation.

The HUG room is a classroom converted into close, comfortable surroundings filled with poetry, music, posters, and so forth, that students identify with. In the HUG room any student is welcome to come and rap about his problems with students trained to discuss virtually anything. It has met with such approval from faculty, students, and administrators that peer counselors, rather than authorities, are now relied upon to handle students stoned in school.

Barbara Terp is a resource teacher at Cocoanut Grove Elementary School. To her, the most successful drug preventive programs utilize peer group influence among students to develop improved self-concepts and understanding of one's own feelings. Most important, this type of program shows a child that his problems are not unique. Barbara firmly believes that peer group counseling can work at all levels, and has begun this program in her elementary school—even at the kindergarten level.

She has submitted, for countywide approval, a detailed program for elementary schools, as well as a tentative budget—$1,600,000 from title IV–A, $400,000 from Dade County schools.

A most interesting point in her proposal is that the program's activities often center around the students' environment. For example, in Miami the marine interests of the community are utilized in planning activities to make a child more aware of his surroundings.

Again, she believes in rap sessions at the elementary school level. Though these sessions are structured with teachers at the kindergarten level, by the sixth grade they are peer group counseling sessions.

Chairman Pepper. All right. You may proceed, Mr. Counsel.

Mr. Phillips. Mr. Robinson, will you tell us what your occupation is?

STATEMENTS OF ERIC ROBINSON, HAROLD GIBBER, ANITA SOMMER, DON FUSSELL, AND BARBARA TERP, TEACHERS, PUBLIC SCHOOLS, DADE COUNTY, FLA.

Mr. Robinson. I am a drug educational resource teacher for the north-central school district.

Mr. Phillips. And do you have a prepared statement?

Mr. Robinson. Yes, sir.

Mr. Phillips. Could you deliver your prepared statement?

I know it is not long, and I am sure we would be interested in hearing it.

Mr. ROBINSON. Although I am not prepared to present statistical information regarding the number of students who have abused or who presently are abusing drugs, I believe it would involve only a minimum of effort to gather such data. It would be a simple task for most to find out who is supplying and who is using drugs in any particular senior or junior high school.

Even in the absence of such statistical data, I feel quite confident that I have a realistic picture as to the degree of involvement, and the availability of drugs at the junior and senior high school level. I speak specifically of the junior and senior high school, because, although drugs are reaching into the elementary level, the junior and senior high schools demand focus of our attention because of the immediacy of the situation. I would feel safe in stating that at least 50 to 60 percent of all junior and senior high school students have at least tried drugs, and between 20 and 30 percent of all senior high school students are frequently abusing drugs at the present time.

Just as alarming and potentially dangerous I would say at a very minimum of 95 percent of all junior and senior high school students either know a student within a school or some person outside the school from whom they could obtain drugs providing they had the willingness to do so. The public schools definitely represent one of the major areas of transaction when it comes to the traffic in illicit drugs with the possible exception of heroin, and even this drug can be obtained at a public school if a person so desires.

In my own private life, I know positively the extent of the availability of every drug including heroin. I have definite fears for our future if drugs continue to be as readily available as they presently are. If the problems continue to increase or if they maintain the present status there is no description of the possible immobility that will grip our Nation.

From my own experiences in relationship with students who have died from drugs, those who are in mental hospitals, or who have out of necessity been taken out of the public schools and referred to drug rehabilitation clinics, I would evaluate the extent of drug misuse as very prevalent and widespread within our public schools. I definitely believe that the situation demands immediate action.

Mr. PHILLIPS. You say that 95 percent of all students in junior and senior high schools in Dade County can obtain drugs easily; is that correct?

Mr. ROBINSON. Right. Yes, sir.

Mr. PHILLIPS. In addition, you say that the schools, themselves, are also an area of transactions in the trafficking of drugs; that is, drugs are being bought and sold right in the schools in Dade County?

Mr. ROBINSON. Very definitely.

Mr. PHILLIPS. Could you elaborate on that point for us, please?

Mr. ROBINSON. Basically, the transactions take place before and after school and during the lunch break, in and around the schools at local gathering places of the students or popular spots where they sell hamburgers or cokes in and around the school neighborhoods, usually within a couple of blocks of the school.

Mr. PHILLIPS. It is very hard to describe the extent of that, but is there some way you can?

Mr. ROBINSON. I would say that any student that had a willingness to go and purchase drugs could do so in this particular area. They all know their whereabouts, and they all know pretty much about what is going on in this particular area.

Mr. PHILLIPS. Would you say that drug sales are going on daily here in the schools in Miami?

Mr. ROBINSON. Definitely.

Mr. PHILLIPS. And would you tell us the nature of the drugs that are being sold, what types of drugs are being sold?

Mr. ROBINSON. Students can easily buy anything from marihuana on up to acid, speed, or methadone, methamphetamines, sulphate, Sopors, THC. Most of the students are not too involved with heroin as of the present time, although in my 2 years of teaching experience before my present position, I did have one student I had on the basketball team and also in the classroom that died of a heroin overdose. There were several students with him at the same time that were using heroin, and these were students of the Miami Central Senior High School.

Mr. PHILLIPS. Would you address yourself to that situation?

You said you had people who were in your class who were taking heroin?

Mr. ROBINSON. Right. I have had a lot of close contacts with students as a teacher, and I know positively that there are students using heroin in the senior high schools. I have not run into any in the junior high schools as of the present time, but I know positively that they do know that it exists and they do know if they want it they can get it.

Mr. PHILLIPS. And this one young lad you were talking about died of an overdose; is that correct?

Mr. ROBINSON. Right.

Mr. PHILLIPS. Could you tell us what type of student he was and what he was doing in extra curricular activities?

Mr. ROBINSON. I came in contact with him as a sophomore in high school. He was a physical problem, and he did have a tendon problem, and he was a follower. He had no leadership qualities that he displayed, and he was always seeking someone with whom he could place his confidence, and as long as he was kept active in some kind of school affair or activity he seemed to do all right. This is one reason I kept him on the basketball team, because I realized the necessity of him having something to keep his mind occupied, and the same was true with the football team. But he was the type of person that could not rely upon his self-restraint to get through the ordinary schoolday; so, therefore, he did follow the other kids pretty easily.

Mr. PHILLIPS. Did there come a time when you knew that he was taking heroin while still attending school?

Mr. ROBINSON. I was never in association with him when he was using heroin, although I knew that he had tried other drugs, and I mentioned it to him. This was during the basketball season, and he said that he had tried it but he was no longer using it, because he did place pretty heavy importance upon playing basketball, and he knew I would not tolerate it.

But, afterward, after he left, it was his senior year, the assistant principal told me they did catch him in the bathroom flushing the paraphernalia of a drug addict down the toilet, and he had been caught a couple of times, and they were aware he was using drugs.

Mr. PHILLIPS. Now, when the school authorities recognized this and they saw the fellow flushing down the paraphernalia, did they make any effort at that time to do something?

Mr. ROBINSON. I cannot answer that, because, like I say, he had left the school and although I did call it to their attention and let them know that he was in a very precarious situation, and that it was necessary that something be done about the situation, I do not think they took any action at that time.

Mr. PHILLIPS. Whatever action they did or did not take, within a few months the fellow was dead as the result of an overdose?

Mr. ROBINSON. Right, right.

Mr. PHILLIPS. So, whatever action it was, it was not very effective?

Mr. ROBINSON. It was not too effective.

Mr. PHILLIPS. Prior to your testimony here we discussed the fact that you had some responsibility in relation to the very school we are sitting in; is that correct?

Mr. ROBINSON. Yes, sir.

Mr. PHILLIPS. I know that you have not collected any statistics on it, but could you tell us what your opinion would be as to the extent of drug use in this particular high school?

Mr. ROBINSON. May I also broaden my comment to include the neighborhood?

Mr. PHILLIPS. Certainly.

Mr. ROBINSON. OK. The school, itself, I have been involved personally with two students in the past year, although there are more, but these two students became quite serious problems. Last year, one student was heavily involved with the use of Tuinol and had to be removed from the school. And I have lost contact with him since then. And this year, I took another student out of the school with the permission of the school board or the district and placed him in Operation Self-Help where he attended for approximately a month or a month and a half. I pick him up every morning, 7 days a week, take him to the center, and every evening, 7 days a week, I will pick him up to bring him home. He was involved with transmission fluid, the sniffing of transmission fluid, which is called "transing," and just about two blocks from this very school is one of the heaviest areas of involvement with transmission fluid.

I have come home to bring him home sometimes at 11 o'clock at night and see the kids in numbers, 10 to 15, stoned out of their minds on transmission fluid, staggering down the street with the oil to their face at that time. This student, 15 years of age, said that many of the kids come over to a vacant house in the neighborhood, and they will get stoned there, and they can buy the stuff in the neighborhood filling station for a couple of bucks a bottle and get high off of it many, many times. This is one of the most serious problems I have experienced in the north-central district simply because of the fact that it is so cheap for the kids, whereas marihuana may cost anywhere from maybe a quarter a joint to a buck a joint, a dollar a joint, and a gold bag can be 15 cents, and so it is very cheap and the kids can get hold of it very easily. Also, it is legal to sell.

Mr. Phillips. Now, would it be fair to say that you could walk out of this particular school and buy in the vicinity practically any drug?

Mr. Robinson. Given a couple of days, yes.

Mr. Phillips. You would have to make a few connections?

Mr. Robinson. I believe that within this vicinity, practically any drug that you wanted to use would be available; right.

Mr. Phillips. Would that be true of other high schools or junior high schools here in Dade County?

Mr. Robinson. I would say definitely yes.

It would just take a matter of a couple of days for a person such as myself or many of my colleagues to get together with the kids and have a little get together or something, and say: "We want to get some grass, or whatever. Could you help us out?"

If they did not have it themselves they could point you to where you could obtain it.

Mr. Phillips. Now, in addition to the kids buying the drugs away from the school, did they actually take the drugs in schools?

Mr. Robinson. Yes, definitely.

Mr. Phillips. Is that extensive?

Mr. Robinson. A lot of kids are coming stoned on marihuana. The other drugs, such as Sopors and things like this, sometimes they are pretty heavy, depending on how much they take. I do not spend a whole lot of my time directly in the school, although I do know, in my limited contact with the school in the last 2 years, that the kids do come stoned on marihuana or they, once in a while, will take pills, and, frequently, there will be a kid on acid or LSD—once in a while.

Mr. Phillips. You were previously in Miami Senior High?

Mr. Robinson. Miami Central Senior High.

Mr. Phillips. Did you observe children at that time who were coming to class who were stoned, as you called it, or under the influence of drugs?

Mr. Robinson. Yes. Yes.

Mr. Phillips. How does a kid like that look when he comes to class?

Mr. Robinson. Actually, if he is just on marihuana, the visibility signals are not that predominant sometimes. If the kid is really stoned on some high-quality marihuana, the most visible sign I have been able to detect is that they get pretty giddy in class and they tend to laugh pretty freely, and the most visible sign would be their eyes, bloodshot eyes, dilated pupils.

But, as far as erratic behavior, I have never noticed any, and most of my friends smoke marihuana, and, as far as any serious or erratic behavior, I have never witnessed it.

Mr. Phillips. I see. How about taking other things besides marihuana?

Mr. Robinson. I am not real sure, going back. I do not think that I could relate to that.

Mr. Phillips. Are there children nodding and sleeping in class?

Mr. Robinson. Yes. If they are using some of the downers or Sopors, sometimes they will sleep in class; they will fall asleep and become inattentive, listless. I have never had any physical problems with the student on drugs in my experiences.

Basically, the kids knew how I felt about it, and they were pretty free and open about their problems in the class. I taught human relations, which is a pretty open ground to discuss the problem, and I did include a 6-week unit every year on drug education where the kids would pretty freely discuss their problems.

Mr. PHILLIPS. Could you tell us what the teachers are doing in relation to what appears to be, at least in some degree, an obvious problem the kids have, coming in stoned, using drugs, and so forth? What is the reaction of teachers, to your knowledge?

Mr. ROBINSON. I think probably apathy would be the most predominant reaction. Apathy not simply from the fact that they may be apathetic because they do not know or because they have become removed or they choose to be removed from the problem because they do not know how to handle it themselves.

It is like the proverbial ostrich with its head in the sand. Some of the teachers positively, not by word of mouth but by their own behavior, in the use of drugs—and I know that the problems of the teachers are becoming apparent also.

Mr. PHILLIPS. Explain that a little further, if you will?

Mr. ROBINSON. I think, with the younger teachers coming out of college right now, many of them are at least involved in marihuana, and I know when I taught at the previous school there were teachers who used marihuana, and the students were aware of this, and it was more or less like a mutual exchange of information, and the students did know and had a knowledge that the teachers would go out and get stoned once in a while on their own.

Mr. PHILLIPS. Recently when we talked it was quite alarming and rather shocking to me that teachers were actually selling drugs, marihuana and things of that nature, to the students.

Have you ever heard of any instances like that?

Mr. ROBINSON. I have never heard of any teachers selling to the students. I have heard of teachers selling to other people. Whether they were students or not, I cannot say.

Mr. PHILLIPS. And you say that the general description you would give of a teacher's reaction is apathy.

Would you describe the reaction of school authorities, if there is any reaction, to the problem of drugs in the schools?

Mr. ROBINSON. Once again, I do not have a very close relationship with the school authorities, although I do know that they are attempting very seriously to become involved in the problem. They are very eager and interested about getting involved. I think that they feel their hands are tied, because so many times they have attempted an arrest or attempted a removal of the student from the school, and they take a punitive measure and they have found that it does not work.

So, I think they are standing with open hands, arms and outstretched hands, waiting for someone to give them the answer so they can be set straight upon it.

Mr. PHILLIPS. Is this a new position you have observed recently? I mean by that, have they always been active in this area?

Mr. ROBINSON. No; I do not think so. As I related to you earlier, last year when we first started our programs in Dade County with the public school system. I went around to many of the principals and asked them if they would be interested in giving some type of drug education programs and getting it started, and many of them expressed that they did not feel they had a drug problem within that school, and I knew very well, being associated with many of the students, that they did have a problem. It was one of unawareness at that particular time, and within the last year I noticed the articles of Mr. Merryweather of the Miami Herald, that there has been a complete reversal of opinion. Most of the administrators are definitely aware of the problem existing now, and one of the fears they express at the present time is that although the problem has not decreased, many of the kids are becoming much more secretive about it, and much more adept at handling the problem. They have gone underground, it is much more difficult to detect students who are using drugs, and who are involved in drug traffic. They do become wise.

Mr. PHILLIPS. Would you say at this period of time when you initially got involved in the drug education program that the principals in general were unreceptive to this program because of ignorance; they just did not know the problem existed?

Mr. ROBINSON. I would hesitate using the word unreceptive. I think unaware would be better.

Mr. PHILLIPS. And you attribute the unawareness to ignorance that the problem existed, or do you attribute it to some effort to try to keep the reputation of the school up?

Mr. ROBINSON. Possibly both. But once again, the weeds have grown so rapidly within their own backyard that they could no longer ignore them.

Mr. PHILLIPS. Mr. Merryweather of the Miami Herald wrote a series of articles, which I have read, and I think they are a fine group of articles. In fact, probably as good a group of articles as I have ever read. Mr. Merryweather exposed in his articles the degree of drug abuse which is going on here in the schools; is that correct?

Mr. ROBINSON. Right; I think he did probably one of the best jobs I have ever seen done, not that I am trying to give him credit or anything, but I definitely agree that he probably did the best job I have ever seen in any public newspaper. He did an excellent job of exposing what is happening, and he covered not only the administrative point of view, but people like myself who are working with the students. He also included the students and got their point of view also, and made them public. I think the students themselves probably possess the most pertinent point of view when it comes to drug abuse, because they know what is actually taking place within their own schools.

Mr. PHILLIPS. Mr. Robinson, the drug education programs, the films, things of that nature, would you address some comments, opinions, or observations concerning those?

Mr. ROBINSON. Antiquated.

Mr. PHILLIPS. What is the word you used in our talks earlier which I was very impressed with. I asked you if you had to describe the problem of drugs in Miami schools in one word, what would it be?

Mr. ROBINSON. Devastating.

Mr. PHILLIPS. I think you are right, it is devastating. Tell us about the antiquated educational programs if you will?

Mr. ROBINSON. For the most part I think the kids of at least our district, and I am sure it is true with the other districts, we start them off right in kindergarten, and we start drilling drug education awareness right into them in kindergarten, at that level, and by the time they reach senior high school, and sometimes although it is no fault of their own or the teacher's, they have seen the films maybe four or five times. It is true that some of the films previously have been fictitious, they have presented details that are not true, and in many instances may have encouraged the kids to go out and try drugs themselves. They have glorified the use of drugs, and with all of the colors, and the color schemes that they use in presenting maybe a simulated trip that would create some type of curiosity on the part of the student and cause him to go out and try it.

Mr. PHILLIPS. Some of these films actually have caused drug abuse rather than helped to cure it, is that correct?

Mr. ROBINSON. I am sure some of them have encouraged the curiosity to work a little bit and caused the kids to go out and try it. But then again, on the other hand, I think, speaking positively, I cannot say how many students we have reached because of the efforts either, because like I say, we go right in to the elementary level, and it is going to be 3 or 4 years before we see the visible signs of any effect whatsoever. We try very desperately to create positive attitudes in the minds of elementary kids and to try to reach them before they get to the junior high school level where the problem really becomes intense and where their lives are really mixed up in the period of adolescence, and so on and so forth, and hopefully we can imbed this positive thinking in their mind before they get to the junior high school level.

Chairman PEPPER. Mr. Robinson, do you know if any of those drug education programs are partially or wholly financed by the Federal Government?

Mr. ROBINSON. No, sir; I do not.

Chairman PEPPER. In general, would you just describe the best programs that are in use in respect to drug education and prevention?

Mr. ROBINSON. Yes; we start like I said right with the kindergarten level, and based upon—I do not know—I have it written down, but kindergarten through the third grade where we begin to discuss the use, the positive use of medicine within the home, giving the kid instructions, or the child instructions that there are many dangerous substances within the home that could cause death or severe injury, making him aware of the medicine cabinet, what it contains, what its uses are, who gives you medicine, that you do not take things from strangers on the street. And this is the basic line we follow in the kindergarten through the third grade level.

Starting in the fourth grade, we begin to talk about marihuana a little bit. We talk about pills, which are pretty available around the home, their effects, what can happen to you if you become involved in it, and it becomes just a little more sophisticated along the lines of degree of educational involvement.

Chairman PEPPER. And there are films or lectures connected with those?

Mr. ROBINSON. Yes, sir; definitely there are very elementary films, or we have films rated and then we preview them before we take them into the school, and rate them for either use on the elementary, secondary, junior high, or teacher level. They are all rated in the film catalog. On the junior high school level, of course, we become quite involved with the misuse of drugs, letting the kids know what the harms are, what the hazards are, and letting them know it is their choice ultimately that will determine whether or not they are going to become involved, because we know we cannot make the decision for them.

And then, of course, in the senior high school most of the kids have become involved and we see the need for counseling, and the need for guidance, and to work with them on a personal basis.

Chairman PEPPER. Do you know where the films come from that are used in these programs?

Mr. ROBINSON. Some of them come from, I believe, private agencies and also the Bureau of Narcotics.

Chairman PEPPER. The Bureau of Narcotics and Dangerous Drugs of the U.S. Department of Justice?

Mr. ROBINSON. Yes, sir.

Chairman PEPPER. Do any of these films show people giving themselves an injection or heroin?

Mr. ROBINSON. Yes, sir.

Chairman PEPPER. Is that generally considered educational as to how to use drugs, or preventive for their using heroin?

Mr. ROBINSON. I can see where it would be informative from a negative standpoint, and also from a positive standpoint. I really, as I think about it right now, I really see no need to show a student another person on the screen injecting a drug, actually showing them how it would be done.

Chairman PEPPER. Go ahead; try to summarize more of the programs.

Mr. ROBINSON. Mr. Phillips, you were mentioning earlier, what do I see as the need.

Mr. PHILLIPS. Before you get to that, there is one other question I would like to ask you. You told me before you got here something about the Bureau of Narcotics and Dangerous Drugs film that you feel was probably the most outstanding educational film available. Could you tell us how you handled that particular film?

Mr. ROBINSON. I have put myself on the spot, really.

Mr. PHILLIPS. I do not want you to do that. You have seen this independently, is that correct?

Mr. ROBINSON. Right.

Mr. PHILLIPS. Now, could you tell us whether or not that film has been accepted by the school board here?

Mr. ROBINSON. It has not.

Mr. PHILLIPS. That is the school board here has rejected the most effective film you have seen on the subject?

Mr. ROBINSON. In my opinion; yes. They rejected it because in the first 2 or 3 minutes of the film there were three or four four-letter words used and because of this reason they rejected the film. At least this was what was transferred to me.

Mr. PHILLIPS. Couldn't you dub those words out and still use the film; use some imaginative technique to get this to the kids? I do not really quarrel with those words myself. I have heard them too often, I guess, to get offended by them, but it would seem to me that assuming you had that quarrel and that was the only quarrel you had with a very fine educational film, you could just dub those words out.

Mr. ROBINSON. In my opinion, it is probably one of the most effective films ever used. I have used it in the school myself, and the students themselves have said it is the best film they have ever seen, and the teachers concur with this and agree with it 100 percent. It is an extremely realistic film. It follows the life of a 13-year-old boy in New York who starts out on marihuana and ends up with an overdose of heroin; and it shows in the end he actually dies in the alley, the back of an alley, and his friends take what is left of the heroin, and they leave him, just as it were to rot in the alley, and there is no glorification to it whatsoever.

Mr. Phillips. I ask you again to tell the committee, Mr. Robinson, what in your mind would be the proper approach that should be adopted to try to eliminate the sales and use of drugs in the junior and senior high schools throughout the country?

Mr. Robinson. I think two things are very, very important. No. 1, I cannot relieve my mind of thinking that we definitely need to have stricter enforcement, not necessarily of those students who have problems, and perhaps giving them an excuse for using drugs, but for those students who are pushing drugs, who are doing it to be tough, to act big, or whatever the reason. They are not really involved in it themselves, but they are in it for the money. I definitely feel a stricter enforcement is needed for this particular student.

No. 2, I also feel that we definitely need to begin pouring money into programs within the public school system where these students who are using drugs, or who are encouraged to use drugs, and in the process of making a decision where they can get some type of excellent professional help, and if nothing else, remove them totally from the school scene. Put them in a place where they can continue their education plus get the professional help that they so desperately need.

Mr. Phillips. Thank you very much.

Mr. Brasco. Mr. Robinson, getting back to the last statement that you made. From my own experience with the educational system in the city of New York, and the same type of dialog we have had here this morning, I think one of the problems that we have to come to grips with, and I believe the educational system has to come to grips with, is that they are getting paid to educate children during a specific period of the day, and the problem that children encounter in the schools are the educators problems as well. We have to deal with this undercurrent that refuses to allow surveys to be taken, to identify who is an addict, or shows itself in an unwillingness to cooperate with undercover policemen coming into the schools for the purpose of arresting addicts. We have an involuntary commitment procedure in the city of New York, which I understand you do not have here in Florida. There is a complete unwillingness to be involved in that program, and I wanted to get your opinion as to why there is this unwillingness, why does it also appear in Dade County, Fla. If the drug problem in the school is what you say it is, and what other professionals say it is, what is that unwillingness all about?

Mr. Robinson. I tend to disagree with you, because 4 years ago when I first came into the system there were a series of surveys taken. I did them myself many times. We have found that they are totally meaningless. We have found so many times that the kids have been educated so satisfactorily that they furnish the input back to us that we want to hear.

Mr. BRASCO. Well, let us ask you this: Can instructors identify people who are using drugs?

Mr. ROBINSON. Sure.

Mr. BRASCO. What do they do with them then?

Mr. ROBINSON. Unless the instructor is personally committed and involved, usually they do not do anything because they feel the problems today are enough for them to handle in the ordinary educational routine; and that is all they are getting paid for.

Mr. BRASCO. The thing that disturbs me very simply, and I have discovered this with a number of people who are in the area of guidance and being able to relate to students, is the question of the confidentiality of relationships. I think this in many ways is where this problem begins. And I suspect it is a kind of difficult question to resolve, but I basically get the feeling in the schools in New York and from some brief conversations I have had there that there are a number of educators who say if this student comes to me and tells me this, and I report him or her as an addict who needs some treatment, that is going to destroy our relationship and is going to destroy me from building other relationships. I do not understand that, but I think that that kind of attitude may be really at the bottom line of this problem.

Mr. ROBINSON. This may be a possibility for consideration. I have never had any difficulty in getting a student to relate to me whether he is or is not involved with drugs, and I have never had to say to the kid that I am not going to tell anybody, or you do not have to worry about me ratting on you or finking on you, because No. 1, these kids are so well versed in constitutional rights today that they do not have to worry whether they tell you or not. They can tell you they are heroin users using $150 a day, and they know you cannot do a single, solitary thing to them. In other words, spoken information is not enough to put these kids on the spot, because if you do go and try something about it, all they have to do is deny it, and it is their word against yours.

Mr. BRASCO. Getting back to the first question. You seem to think the survey that Dr. Burt was involved in or is attempting to compile with respect to drug abuse and drug addiction in the schools would be a meaningless survey?

Mr. ROBINSON. I would say that everything that has taken place up to this moment has been meaningless. I really have not seen anybody becoming actively involved, at least in my experience, to use the information that they are gathering as a foundation to begin building programs and actually becoming involved in it. And I am saying that the people have not become involved in the problem as they should at the present time. If they have, the problem would not be as explosive as it is right now.

Mr. BRASCO. I agree, but do you think that before you can go to any legislative body and ask for money to be appropriated for a program, you should be able to define the magnitude of the problem? In New York one year they had six addicts reported to the public health system. Now, that is one heck of an argument to go to Albany or to Washington and ask for money for six addicts that they identified, and the rest are there, but because of a combination of reasons, we just do not have any statistics. Now, that is completely inconsistent with the duty of the educational system to make sure that money is appropriated, how much money, what for, for how many, under what conditions. That depends on the size of the problem. Does that make sense?

Mr. Robinson. Yes, it definitely makes sense, because I think to some degree, knowing the workings of the legislature and things like this, they have to have reasons for spending money.

Mr. Brasco. Well, I would think so.

Mr. Robinson. But, I think my first comment, and please do not get me wrong, I am not trying to be facetious or anything, but it would not take too much of a mental giant to go into schools today and figure out the problem is absolutely devastating.

Mr. Brasco. I do not know if you have this in Florida, but we have some people, getting $14 and $15 an hour for throwing a basketball out after the 3 o'clock bell rings, and they do not make that much during the schoolday, and God forbid, if you take those programs away. I am talking about these teachers. It is a two-way street. Couldn't they be used for the survey? The point is if we want a survey, we can get one unless you feel it is completely useless.

Mr. Robinson. Well, I feel that a survey is valid, and again, how are you going to determine if a secret ballot is valid?

Mr. Brasco. How about testing students to see whether or not they are addicted, urinalysis? We examine their teeth, and their muscles, why not these examinations for the purpose of treatment?

Mr. Robinson. I think you are going to run into a violation of private rights then.

Mr. Brasco. Do you believe that to be a violation of private rights if you were examining someone during the course of an ordinary school year to see if they have a disease known as drug addiction?

Mr. Robinson. I would not because I am not a drug addict.

Mr. Brasco. Excuse me?

Mr. Robinson. I would not because I am not a drug addict but what about a person who is not a drug addict?

Mr. Brasco. I am trying to figure out why you think it would be.

Mr. Robinson. I think there would be a question about it.

Mr. Brasco. In your mind there would?

Mr. Robinson. Right.

Mr. Brasco. You mentioned before, all of your friends or many of your friends are using marihuana. Did I misunderstand you?

Mr. Robinson. No, sir, you did not.

Mr. Brasco. Would those be schoolteacher friends?

Mr. Robinson. Some of them have been; yes, sir.

Mr. Brasco. Let me ask you, would you be in favor of legalizing the use of marihuana?

Mr. Robinson. No, sir. No, sir. Absolutely not.

Mr. Brasco. Do you feel any obligation if some of these people are using marihuana, the schoolteachers, that appropriate authorities should know about it?

Mr. Robinson. It is funny you should mention it, because definitely I do feel an obligation. I also feel an extreme conflict. I have reported teachers in the past, not directly, but I have put out the information. I am not proud of it because the idea of ratting on someone does not appeal to me, although I did feel at the particular time the person was becoming so heavily involved that not only was it affecting his own life but was affecting the life of many of his students. I figured it was either let him continue to do his damage or else I, who had the knowledge and could see what was happening, had the decision to make. And so yes, I did turn them in.

Mr. BRASCO. There are many complicating facets to this problem, and I suspect no one has the answers.

Mr. ROBINSON. Yes. Like I say, it is a conflict, because definitely I do see what is happening with the drug world. I definitely see the damage, and to rat on a friend, half of my friends would be in jail. Maybe that is the place for them. I do not know. But from what I have seen happening to people who go to jail, I do not think that is going to be the answer either.

Mr. BRASCO. It seems to me that some portion of your friends which represent the teaching profession are working in a counterproductive way by their philosophical point of view. I don't think you should apologize for them, and I believe that is part of the problem, to ascertain whether or not teachers are involved in drugs themselves, and allowing students to believe that there is nothing wrong with it, that this is a way of life, and a way of escaping, or a way of turning on and having a good time.

Mr. ROBINSON. Yes. This is one of the problems we face because so many of the people today feel there is nothing wrong with marihuana, and it should be legalized. And so a person like myself, although my beliefs are personal, I have formulated my own values in relationship to it. It may not be wrong, and I am not saying whether it is or is not. I have made my decision, and I am going to stick with it. But what about the umpteen million teachers out there who believe it is OK.

Mr. BRASCO. Have you any experience with undercover policemen coming into the school seeking out sellers?

Mr. ROBINSON. Only what I have heard.

Mr. BRASCO. By that I mean have you ever asked local law enforcement to send some undercover people in?

Mr. ROBINSON. Yes.

Mr. BRASCO. To get at sellers?

Mr. ROBINSON. Yes, sir?

Mr. BRASCO. And did the schools that were recommended as places where these undercover people should go cooperate, or did the police department cooperate? What happened to those requests?

Mr. ROBINSON. Nothing.

Mr. BRASCO. Why?

Mr. ROBINSON. I think that there is a real serious, I would say, gap between local law enforcement and the school. We have our own security force here.

Mr. BRASCO. That is putting it very mildly.

Mr. ROBINSON. Yes, I am sure. And we have our own school security which we hope will handle the problem. I think it is a very secretive organization. I think that their works are very, very closed. I am not familiar with them at all.

Mr. BRASCO. Well, with your own educational security——

Mr. ROBINSON. Yes, sir; I do not know how they work. I do not know what they do with drug violators. I do not know how they investigate.

Mr. BRASCO. Well, have you seen any results on the outside to show they might be to some degree effective?

Mr. ROBINSON. There have been instances where there have been major sellers arrested, yes.

Mr. BRASCO. What is the gap between the local law enforcement and the teachers?

Mr. ROBINSON. I do not know. I do not know. I think that many times perhaps it is frightening.

Mr. BRASCO. Excuse me?

Mr. ROBINSON. I think perhaps it is frightening sometimes to invite the police into a public school, or if I were a principal I would hesitate to do so if there were a danger of him uncovering something I would not be held responsible for.

Mr. BRASCO. Well, that would not be a valid reason in your mind, would it?

Mr. ROBINSON. I am not sure. You are asking some questions, that I do not think I have the expertise to answer.

Mr. BRASCO. Well, this is the same psychology that developed in the hearings in New York where undercover men, other investigative committees, even some teachers who came before us, have said as a result of this attitude, that the schools have been made actual sanctuaries for drugs because they feel it is safe turf. It is like the situation where they had a million and a half dollars worth of school property destroyed at Columbia University while the police were outside twiddling their thumbs, and the educators were on the inside doing nothing but writing up another proposal to come to Washington and ask for that million and a half that was just destroyed under their noses. I just do not understand that kind of attitude.

This gentleman has something he would like to say, this fellow on the other end.

Statement of Don Fussell

Mr. FUSSELL. My name is Don Fussell with the Dade County schools. I would tend to disagree. I think in terms of this gap between the local law enforcement and the schools, I think possibly the main reason why the undercover people from, for example, the Miami Police Department are not operating within our schools more than they are is the very definite lack of manpower in their own narcotics division. During this past year, I believe, and Mr. Rangel perhaps you can, or Anita, perhaps you can verify this, there were only about seven people in the narcotics division who did this type of work in the city of Miami. And, of course, it is no great secret that Miami proper is a very large international link to the drug traffic. And they are more concerned and more preoccupied, if you will, with the large flow of narcotics in Miami and their efforts to intercept those than they are with the small day-by-day seller in the public schools.

Mr. BRASCO. I agree with that statement. But, philosophically, do you think if there were enough undercover men to go in the school they would welcome them with open arms?

Mr. FUSSELL. Yes, I think we would.

Mr. BRASCO. You do?

Mr. FUSSELL. Yes; I do.

Mr. BRASCO. I am glad to hear that. I have the impression that the world of academics would not.

Mr. Fussell. I heard the testimony earlier today, and some people were making reference to people having their head in the sand and so on. I think we have come past that point. I think school administrators have come past that point if, in fact, teachers and members of the community at large have not. I firmly believe that in the past 2 years we have made some pretty good strides to the fact of people just admitting that the problem is there, and that the problem is getting larger, and they are now at the point where they are reaching out for help, not only to our own school security department, who have made a tremendous increasing number of arrests. I think arrest has been the gist of this whole conversation here, instead of perhaps some understanding and some other types of programs that may be needed, but our school security force has done a tremendous job this year in arresting sellers, student sellers, if you will, within the schools of Dade County. And school administrators, school principals, and other people are, at this point, now recognizing the problem, admitting the problem, and are reaching out for help to various people.

Mr. Robinson. I would like to address a comment or statement.

Mr. Brasco. Yes.

Mr. Robinson. I have a question. If we are centering attention at the present time on arrests, I am not an expert in narcotics detection and do not claim to be, but if I can go in and spot the number of students who are using drugs, who are selling drugs, and like I say, I do not have the expertise on up to make this detection all of the time, but if I can do it just with my limited knowledge, and these people who are trained to do it, and I see the problem so enmeshed, you know, somewhere they are not making the arrests that they could be making. If I could spot it, you know, now I do not think arrest is necessarily the answer. I am not advocating arrest, but if there is what we are talking about and if I can see it as visible as I can see it, someone has gone in with their eyes shut.

Mr. Brasco. Yes; I agree with you. They have people who have gone in with their eyes shut, and I do not want to leave the impression that I think the answer to this entire problem is arrest. I would like to arrest the spread of the problem because that is, I think, the first step. When we are talking about addicts and when we are talking about a group of people that are, fortunately, in the state of the art that we can expect less than 1 percent in terms of hard core; now those people that are in that unfortunate situation are selling drugs to others and should be taken off and out of the schools in any way that is possible. The interesting thing that I find in this whole thing, to be quite candid with you, is that we always turn to the fellow who has the disease and ask him what he thinks about it. I practiced criminal law for some 10 years in the city of New York, both with legal aid and with the district attorney's office, and I found very few drug addicts who were reliable, who were honest, who would come into a program voluntary. And I will be perfectly candid with you. They do even have that kind of standing in their own criminal community. You are smiling and I think you might agree with me. No one is relying on them. But, all of a sudden when it comes to what kind of program we should have, or what we should do, they become the only ones that can solve the problem, it is like the blind leading the blind.

Chairman PEPPER. Mr. Phillips, I think you may have a comment.

Mr. PHILLIPS. I think in order to expedite the questioning I might just ask each of you other people who are associated with the school district to comment just generally on the problem and perhaps answer the questions as we go along, and I would suggest, Mr. Gibber, if you would comment just generally on the problem and any observations you would like to make in relation to Mr. Robinson's testimony or any of the questions that have been put.

Statement of Harold Gibber

Mr. GIBBER. I think Mr. Robinson has fairly accurately painted the picture.

I was interested in Mr. Brasco's remarks with regard to surveys, and I read any number of surveys, and I think they are fine. I would perhaps be interested in knowing what then would come after the information had been established through the surveys.

Mr. PHILLIPS. Mr. Gibber, I think the point Mr. Brasco was making was the fact that your own school system has an estimate of 6 percent of the people may have their academic performance affected by drugs, and according to Mr. Robinson's testimony, between 20 and 30 percent of the people are involved, and perhaps more, while otherwise we are hearing 80 and 85 percent of the children in certain schools are involved. Before you can really address a solution to the problem, you have to know the dimension of the problem, and I think you know suveys are one way of doing it.

Mr. GIBBER. This year at the school I teach, and I teach human relations at Coral Gables High School, we attempted to work in this area of teenage drug abuse by enlisting a concept of peer group counseling. Many people, professional people in the literature, have identified peer pressure as the primary reason why people do get involved with drugs, experimentation and ultimately drug abuse, and we have been relatively successful for our first year by training other peers within the high school itself, and also training peers at the junior high and elementary level to work with the young drug abusers. My major concern in observing this problem, and I am just as alarmed as Mr. Robinson was, is I see drug abuse as a symptom of other problems. Drug abuse, that is; and I personally differentiate between drug use and drug abuse.

It seems to me for the longest time we have attempted to curb the spreading problem of drug abuse through stricter enforcement, and I would be very satisfied if that, in itself, would have been relatively successful. But it appears to me that the problem grows every year, and so far as the public schools are concerned, my personal feeling is that most people within the school, I am talking about administrative personnel at the district office and the individual buildings and the individual facilities, see teenage drug abusers as bad people, and see them as no good or whatever, and what is being done by these teachers besides avoiding it, and being apathetic, is passing the word of mouth along that so and so is such and such. And I think that in itself might add to this separation that exists between the ever widening drug subculture and the educational establishment. I do not personally see someone who gets mixed up with drugs as necessarily a bad person, and that to me is the prevailing attitude within the schools.

Chairman PEPPER. Mr. Gibber, what do you recommend as the way in which the matter should be handled?

Mr. GIBBER. I do believe that everybody who has a professional responsibility of working with children on a daily basis should certainly know a lot more about the problem itself, beginning with the pharmacology, should have some kind of training. Every public school teacher—I have felt this for a long time—should have some kind of guidance or psychological training so that they could enlist—in your questioning on the proverbial and nonproverbial behavior—the confidence of the young people who are themselves the drug abusers. Rather, you will find, and I think Mr. Robinson will bear me out, in the individual school there may be four or five people on the faculty of a hundred whom the kids would even come to, to talk about it. I find myself in the position of someone who has garnered the trust of a lot of young people, not only in the school I work at, but in the community. Because of this, other professionals look upon you as someone to be suspicious of because there are kids around your room, and there are kids talking with you. They get hung up with appearances. They are not all that supportive of any of the new programs themselves, or some others attempted to develop, and they have all met with stern resistance right within the individual buildings.

Chairman PEPPER. We had the deputy medical examiner for New York City and he seemed to take a somewhat similar line to that you have taken: That drug addiction is more the symptom of what is wrong with so many young people, rather than cause of their behavior. We had the suggestion—by Mr. Brasco, and by a district attorney of New York, from the Bronx—that a student who is found to be a drug abuser and user in the schools should be separated from the remainder of the students and put into a separate institution, and that the problem, whatever it is, be dealt with there. Is it possible in your opinion for a professional group among the faculty, or associated with the faculty, to put such an institution within the school itself, so that, instead of separating them from their classes and from their schoolmates, there will be separate personnel, separate facilities in the school, itself? What would you recommend between the two?

Mr. GIBBER. I can see that as a very difficult program to administer, Congressman Pepper, and basically for this reason: Within the schools we have separated certain children with learning difficulties, and the fact that they were identified by their peers as having learning difficulties, and as attending special classes oftentimes added to the problem, although there was a lot of professional expertise involved with the people working with these slow learners. Now, should you attempt to separate the drug users involved in the public schools from the other children, I do not believe you would have enough children in each classroom to continue a normal daily lesson, and if you were also to take this alarming percentage and put them in a special class, I do not really see what kind of benefit that would have. You would be surrounding them with other people who shared the same values, were involved in similar social behavior, and they would probably wind up enjoying this.

Chairman PEPPER. Well, now, you say it is impractical in your opinion to put them in a separate institution because the numbers would be so large that it would probably be difficult to work with them, and there are also objections to do something about the problem in the schools they are located in. Then how can we try to do something about it?

Mr. Gibber. I think it has to begin with the individual faculty in each individual school, and I think these people, these people who again have the professional responsibility to work with these youngsters every day, should certainly know more about drugs, about their use, about their abuse, about their distribution, and be familiar with the terminology and hear a kid out.

Chairman Pepper. Yet, you have told us that is is not primarily the pharmacology of the drug, it is primarily some internal adjustment with the user—that there is something wrong with the user—and drugs are simply an incident or precipitation of that lack of balance in the user.

Mr. Gibber. Yes, sir. Let me try to clarify my point. In order to relate to the young people, in order to gain creditability with them, it seems to me that you should know something about what you are talking about. As an analogy, one teacher, perhaps to be concerned, really trying to help a youngster who is a drug abuser, would say were you smoking LSD today, and this has been, you know, this is an actual situation, and that young person—I am not saying it is proper, but adolescence has been identified as a time of rebellion and so forth—and that young person might look at that teacher and say "Hey, he is not going to understand what I am all about, or what my problems are, or where I am at with drugs." So, the emphasis might not be necessarily on pharmacology, but I am talking about pharmacology in terminology, and so they should have a grasp of what is being done not only in the school, but the district, and perhaps even nationally. And we have to get involved, I believe, in some kind of sensitivity.

Chairman Pepper. Now, just one other question. We are going up this evening to see the Seed. Do you know about that?

Mr. Gibber. Yes, I do.

Chairman Pepper. And today Mrs. Fletcher has been here representing Concept House. In those two institutions they do not use drugs, but they have group therapy, a type of program that they seem to be using to great advantage to the users. Why would it be impossible for a school to put into effect those principles that they employ in these institutions, apparently with success?

Mr. Gibber. The young people would be hesitant to identify themselves with drug abusers. That is the basic answer.

We had, as I said, a room that we converted within our building and we called it the HUG room, "Human Understanding and Growth." It was a peer group counseling room and we trained 18 peer group counselors. I was in there quite often, every day, any free time I had, early in the morning, and after school as well. I watched the behavior of the young people as they first came into the room. Our purpose, our concept, was not just to do drug counseling but rather to have some place within the school where some therapeutic counseling could take place. By the way, at the high school I worked at there were seven guidance counselors for a student body of 3,300 children, and when you get involved in recordkeeping, and finding people jobs, and then getting them going to college, there is virtually no therapeutic counseling that takes place in any public school in Dade County. It is for that reason that we started the program as kind of an attempt to complement the existing guidance services.

Now, when the young people first came into our room, I observed their behavior, and I am a trained observer of human behavior, and they would look around and kind of get the feel of it, and maybe say a few things and walk out. And then they would come back, perhaps the next day, and one of the things that we trained our peer counselors in was this initial approach, you know, how to make contact if you did not already know the person who had entered the facility. And eventually, sometimes in 2 days, sometimes in a week, you could tell that a kid wanted to come and talk to you about something, and eventually the first conversation would start, and then we had the opportunity to work with these people.

Chairman **Pepper**. I recall at the Seed, they still say that when they go back to the schools, after they have been in the Seed, that their fellow students look upon them somewhat with degradation, with ridicule, and the like. In other words, their attitude is not favorable; the response they get is unfavorable when they return to school. But now they say they have got enough of them from the school that have been through this program that they sort of have a group of their own, numerous enough to give themselves confidence. They no longer feel like they are standing alone against the mass.

Mr. **Gibber**. That again is the very overriding concern with peers, with their own status within their group. Most 15-, 16-, and 17-year-old youngsters often find themselves valuing the opinions and the judgments of their friends more so than their families, even if the family does make the attempt.

Mr. **Brasco**. Excuse me Mr. Gibber. Would not that colloquy between yourself and the chairman be some basis for separate institutions of learning and treatment; the fact that peer pressure when it exists and is exerted should be positive so that to arrest the pressures of those students who are drug abusers as against those who have not tried them. Isn't there some validity in separate institutions?

Mr. **Gibber**. Congressman Brasco, I see that as basically impractical. Because if you wanted to work with that particular group of students who were drug abusers, you would easily be losing half of your student body in the secondary schools.

Mr. **Brasco**. Well, before you said it was 85 percent, now it is half. But assuming you took half out, you do not think that that is a step in the right direction? Do you believe drug addiction socially contagious?

Mr. **Gibber**. What is socially contagious?

Mr. **Brasco**. Drug abuse?

Mr. **Gibber**. Yes.

Mr. **Brasco**. You do?

Mr. **Gibber**. Yes.

Mr. **Brasco**. Under those circumstances would you, as a schoolteacher, if someone came in with chickenpox or TB, would you let them stay in school or send them home until they came back cured?

Mr. **Gibber**. I do not see an analogy between a barbituate user and someone with chickenpox.

Mr. **Brasco**. You do not?

Mr. **Gibber**. No; because you do not automatically incur the disease from contact.

Mr. Brasco. No; but we just said that it is contagious.

Mr. Gibber. No; but I do not think it is a valid analogy though.

Mr. Rangel. Could I ask about two questions? You are talking about a HUG room, and you called it successful, and then later you mentioned that you really do not deal with the drug addicts, but you deal with the whole person, some of whom may be addicts. How do you determine and what standard do you set as being successful? How do you determine whether it is successful?

Mr. Gibber. If a young person leaves the room after either one or a number of counseling sessions feeling better about themselves, that is the standard that we use.

Chairman Pepper. Is that all?

Mr. Rangel. Well, this is a new world for me, Mr. Chairman. I just want to ask another question.

Chairman Pepper. Go right ahead.

Mr. Rangel. You do have to be specially trained, as you are, in order to determine whether or not a person feels better about themselves; do you not?

Mr. Gibber. I do have special training, but if somebody tells me I feel better, I do not think I am going to go home and take any downs tonight, I believe him. That is therapeutic in itself.

Mr. Rangel. Would you say most of your peers, team teachers you know and intelligent teachers, would have this basic quality to determine?

Mr. Gibber. I do not think most of my fellow professional teachers trust young people. I do not think they give young people enough of an opportunity to make decisions for themselves. I do not think the administration of the public schools as it is today in this country provides for this.

Mr. Rangel. Well, it is a quality that I have not found in the Congress or the teachers, but you are not talking about hard-core heroin drug addicts?

Mr. Gibber. No, I am not. Fortunately, we do not have any hard-core heroin addicts in the school I worked in, not to my knowledge, and my knowledge is fairly accurate with regard to drug abuse in that school; again, because I say the kids do trust me.

Mr. Rangel. That clears most of my line of questioning, but as far as the marihuana smoking is concerned, you have not found any unique problems with the student's ego as to whether or not he appreciates himself?

Mr. Gibber. I am not sure I understand.

Mr. Rangel. You would not think that a marihuana smoker would need help such as the HUG room may offer; do you? I mean if he just smokes marihuana?

Mr. Gibber. If the use of marihuana was somehow interfering with normal behavior or what he wanted to do, then yes, he could avail himself of our service. But, not everybody who came in there was a drug abuser, and not everybody, I feel, who smokes marihuana has a a specific set of problems other than the liability involved legally.

Mr. Rangel. So that basically the drug users who have found the HUG room to be successful would be those who were taking ups and downs?

Mr. Gibber. I should think so. You know, there is a lot of young people who are marihuana smokers who come in with problems, but they could involve problems totally divorced from the fact that they are involved in that particular social habit.

Mr. **Rangel.** I understand that. What you are saying is that they may not be taking anything and still have a problem?

Mr. **Gibber.** Right; now, there are also times when smoking marihuana could cause difficulty to these young people, and in that case, we would work on that.

Mr. **Rangel.** I did not hear you.

Mr. **Gibber.** There are times when the marihuana smoking itself, and by the way, we are identifying these astronomical percentages of drug abusers in the school by and large the vast majority of them are pot smokers, and possibly a far smaller percentage of them have experimented with either barbiturates, amphetamines, and hallucinogens, a very small percentage have been involved with narcotics; but when I say 70 or 80 or 90 percent of the kids are involved with drugs, it is primarily with marihuana.

Mr. **Rangel.** I think that is due to mislabeling of the narcotics laws.

Mr. **Gibber.** I should think so.

Chairman **Pepper.** Excuse me. Did you finish?

Mr. **Rangel.** Yes, Mr. Chairman.

Chairman **Pepper.** I did hear, as I recall, that the Jackson Memorial Hospital alone has five cases a day of overdose of heroin which are reported. Some of them are teenagers. Of that group, some 450 in Dade County who have died from the use of heroin since 1967, and about 30 percent of them were teenagers. Now, I do not know whether those teenagers were in the schools or not, but I would think that they probably would be. What would you think?

Mr. **Gibber.** You get into social and economic situations when you talk about heroin. Not too many of your middle class and upper middle class youngsters are involved in heroin abuse, so that is a separate consideration, although sometimes that is valid. I guess, to become a heroin addict, and I have worked with heroin addicts, you have to inject a fairly high quality amount of this substance into your veins for an extended period of time, anywhere from 4 weeks to 2 or 3 months to become a full-blown heroin addict. It is for that reason that I am of the opinion that a heroin addict did not begin by smoking marihuana, take a pill or two, and climb up the drug ladder, which seems to me has been the prevailing thinking in education, that is how you become a heroin addict. I do not buy that. A heroin addict is somebody with a much deeper behavioral problem.

Chairman **Pepper.** What percentage of the people who become addicts, in your opinion, at any time smoked pot?

Mr. **Gibber.** A very large percentage because it is far more readily accessible.

Chairman **Pepper.** You do not believe the two are interrelated?

Mr. **Gibber.** No, I do not.

Chairman **Pepper.** When I was a boy in Alabama there was a city law, and as a boy you would find what we called rabbit tobacco in the fields. We were far too young to smoke cigarettes, so we would smoke rabbit tobaccco. I do not know, it may be the same sort of impulse that made us want to smoke rabbit tobacco to later on lead a boy to become one that smoked cigarettes. But, ordinarily, anybody who smokes cigarettes, has tried to smoke cigars, and sometimes a pipe. I know I did when I smoked. I smoked all of them. Do you think there is any validity in the fact that once you are in the drug culture atmosphere, as you are when you take pot, that when a group of you are around together taking pot, that eventually one in the group is going to come up with heroin, and maybe someone is going to experiment with it, and that the fact that you are in that cultural atmosphere may lead to the likelihood that you will try others, and eventually become a heroin addict?

Mr. GIBBER. Of those two, most people are afraid of needles, and in the drug subculture, if you are at a party where there are drugs present and somebody does happen to have heroin with them, the experience that everybody I have ever spoken with, their first experience with heroin generally is not by injecting it, but by snorting it, as the terminology goes, or sniffing it, and you get violently ill, I mean violently ill, and nauseous for a period of hours. Usually your first experience with heroin is your last, unless there are some other reasons involved.

When I was 16 years old, I remember doing the most illegal thing I have ever done, and that is borrowing somebody's draft card to obtain admission into a bar, Finnegan's, which was the hangout where all of the older kids who graduated and came back from college went. There wasn't a 16-year-old kid I know of, or at least was friendly with, that did not begin drinking underage. A lot of people are exposed to drinking, and again, I believe the peer pressure is responsible for breaking that law in drinking underage, and not that alarmingly high percentage of those people who have experienced drinking will ever become alcoholics.

Mr. BRASCO. Are you suggesting with that line, that we should advocate the legalization of marihuana?

Mr. GIBBER. I was not following that line. If you are asking me if I think you should, my answer would be yes.

Mr. BRASCO. Do you believe that people who do use marihuana use it as an outgrowth of a problem that they may have?

Mr. GIBBER. Possibly sometimes.

Mr. BRASCO. Sometimes? Could you give a percentage of how many times for the people you are familiar with?

Mr. GIBBER. I would say a smaller percentage than the percentage who smoke marihuana as a social habit preferable to alcohol.

Mr. BRASCO. Are there different strengths in marihuana?

Mr. GIBBER. Yes; there are.

Mr. BRASCO. Can you develop a tolerance to marihuana?

Mr. GIBBER. I do not believe so.

Mr. BRASCO. You do not believe so?

Mr. GIBBER. No. Marihuana is not the kind of thing where you smoke more and more. Generally the longer you smoke the less you need to get high, in fact.

Mr. BRASCO. The young people you deal with have told you this?

Mr. GIBBER. Yes.

Mr. RANGEL. May I just ask one question? Would you not say that the fact that marihuana is illegal, could perhaps be causing a lot of emotional problems for those who indulge?

Mr. GIBBER. Definitely so. The young people that I know are more aware and more educated and whatever, they read all of the studies that come out because it involves something that they are participating in, something that they are liable as a result of their behavior, and as a result of the existing legislation or whatever, they keep hearing about studies and different groups. Recently, the AMA saying it is not this, it is not that, and the AMA stopped short of recommending taking criminal penalties away from personal possession. But, they say that, and they believe it, especially those who have experienced with marihuana, and not necessarily had any negative thing resulting from it.

Mr. Rangel. In addition to that, it could very well be that many youngsters have a feeling of adventure, yielding toward doing something illegal. If it were legal they would not touch it?

Mr. Gibber. That is the primary reason besides peer pressure why young people first experiment with drugs, because it is illegal.

Mr. Brasco. Let me ask you this: Do marihuana smokers at times soak it in formaldehyde or other substances to change the character of marihuana?

Mr. Gibber. I'm sorry. I did not get that question.

Mr. Brasco. Do marihuana smokers soak it in formaldehyde or mix it with any other substances?

Mr. Gibber. Not to my knowledge.

Mr. Brasco. Did you ever hear of that happening?

Mr. Gibber. Well, to sell it, to add weight to it, apparently improve the quality of it, they will put some other chemical or add sugar water.

Mr. Brasco. Do they use formaldehyde?

Mr. Gibber. I have never heard of that.

Mr. Robinson. I have heard from law enforcement agents that they have mixed in opiates and sometimes speed; not too often, but I have heard of it.

Mr. Brasco. Might someone who has a problem to deal with find what was only a small problem is magnified when they use the marihuana?

Mr. Gibber. Possibly.

Mr. Brasco. And by virtue of that, do you perceive any of the young people had graduated to other things because the marihuana made an enlargement of their problems, and they then needed a stronger escape mechanism?

Mr. Gibber. No; I do not think that is a valid statement.

Mr. Brasco. You do not?

Do you think any other drugs should be made legal?

Mr. Gibber. No, merely this one; because it apparently is the rallying point between the separation between youth and the so-called youth culture or youth movement.

Mr. Brasco. Let me ask you this: If it were made legal, do you think we would have to pour money into programs to get people who are using marihuana straightened out?

Mr. Gibber. I am not so sure everyone who used marihuana needs to be straightened out, and I certainly believe that it could be legalized and administered in the same way with commensurate legislation that now exists with alcohol. I see it as a source of revenue.

Mr. Brasco. We are spending a lot of money on rehabilitation programs for alcoholics. I do not buy the reasoning that because alcohol is legal and we have to spend millions of dollars to bear the social brunt of alcoholism, that we should put ourselves in the same situation with marihuana. I am asking you from your expertise which you have delineated before the committee, do you think that would solve our problem, or do you think we would have to start putting money in as we do with the alcoholic problem to save people from marihuana?

Mr. GIBBER. I do not have the statistics in front of me. I should think that in the State of Florida, which is my home State at the present time, that the government of this State secures more money in revenue from the sale of alcohol than is expended in programs to rehabilitate alcoholics.

Mr. BRASCO. I do not think that is a valid observation.

Mr. KEATING. I do not think it is a relevant statement either, and I do not think the comparison is a valid comparison. And I agree with Mr. Brasco in that respect.

I have a million questions I would like to ask you, but in view of the hour, I would just like to ask you a couple.

You indicated that you feel that marihuana should be legalized. Is this a theory that you can expand upon in your conversations with these young people or not?

Mr. GIBBER. It is a personal belief, and it is something that many of the young people, both those who are drug involved and those who are not drug involved, seem to think is something that should be. Some of the existing statutes appear to be, and the penalties appear to go a long way with them and appear far too severe for the nature of the offense.

Mr. KEATING. You indicated you have a good rapport with the young people.

Mr. GIBBER. Correct.

Mr. KEATING. And you are one of four or five out of maybe a hundred, I think you indicated. Now, you said if you can get somebody feeling better about themselves, in may ways then you have accomplished something. Is that correct?

Mr. GIBBER. Correct.

Mr. KEATING. Now, how do you do this with someone who comes and says I use marihuana and pot?

Mr. GIBBER. You mean if that is what he has come in and is upset with?

Mr. KEATING. Do you suggest to him that it is not too bad, and you think it should be legalized anyway, and you should not be down on yourself because of this?

Mr. GIBBER. No; I never condone or sanction the use of drugs with anybody. I certainly would not do that and I have——

Mr. BRASCO. Would you discourage it? Would you discourage it?

Mr. GIBBER. No.

Mr. BRASCO. You would not discourage it?

Mr. GIBBER. Not in a counseling situation, in a classroom situation.

Mr. KEATING. Well, this is a very important thing that Mr. Brasco has asked because it goes to the heart of what we are really trying to find out, what is happening in schools. If what Mr. Brasco has asked you and the response is accurate, you are not leading them anywhere, out of or into. You are just talking with them and I do not see that that accomplishes a great deal unless you are trying to give them guidance, which is really what they are seeking.

Mr. GIBBER. What I am trying to do is this, Mr. Keating, and I think I can make it clear: When a young person comes in, whether or not they are drug involved, they tell me what is bothering them. After this, again this trust has been established, and the particular theory of counseling that I associate with is called nondirective counseling in that I assume that a young person is not going to stand by a decision that I am going to make for him. Rather I listen very ardently to what he is saying, and present certain alternatives that are within his grasp. Now, subconsciously perhaps, my values might enter into it, and if they were to, then that would involve the discouragement of the use of a particular drug, or some other kind of antisocial behavior, but I think perhaps I was misinterpreted. I personally do not want to see young people taking drugs. That is my personal feeling. But if they come to me in a counseling situation, that is not going to enter into the conversation initially because they hear that at home from their family, and that may be the very reason why they came to me in the first place.

Mr. **Brasco**. At what time do you enter that conversation where you attempt to discourage it directly or indirectly?

Mr. **Gibber**. When the young person makes it apparent to me through something he has said that he is displeased with himself about the fact he is drug involved. Then I would say to him, "If you are upset with yourself about this particular behavior, I do not see why you would continue to do it. You know that it is illegal. You know it is potentially damaging to your health, and it may inhibit your motivation, and may have an effect on your studies. It does not make sense."

Mr. **Brasco**. Would this be a pot smoker you are talking to or a pill user?

Mr. **Gibber**. Certainly any drug abuser.

Mr. **Brasco**. You would rather do away with talking about making it legal?

Mr. **Gibber**. No, I would not. I still talk to people who have trouble drinking and that is legal. I do not want to keep going back to that analogy, but it seems the only appropriate one. I want to talk to anybody or attempt to talk to anybody who has a problem, whether drug related or not. I do not want to immediately impose my values on them. I do not think it makes for effective counseling.

Chairman **Pepper**. Mr. Keating, are you through with your questions?

Mr. **Keating**. No, sir, Mr. Chairman. I will follow your lead on how you want to handle the ball.

Chairman **Pepper**. We have other members, other people here. We have the medical examiner, and the film, and there are always so many things that we would like to go into on these matters. Now, Mrs. Sommer, have you anything to add to what has already been said by your fellow panelists, and if so, what would you say?

Statement of Anita Sommer

Mrs. **Sommer**. Well, I would just like to agree with what Mr. Gibber said concerning how children feel about themselves and our aim and our goal in our district, and I am speaking for Mr. Fussell and Mrs. Terp, Mr. Gibber, and myself, who all work as a unit, is to initiate programs in the lower grades that will make children feel better about themselves so that in meeting the problem of drug abuse, they will be able to make competent decisions.

Chairman **Pepper**. Do you feel that the programs now being used in the schools are adequate in respect to drug education and prevention?

Mrs. **Sommer**. They evolved from no guidelines at all 2 years ago to what we feel will be a very satisfactory drug education program, and that is a very concentrated guidance program starting in the first grade where youngsters will have the opportunity on a daily basis to discuss their feelings and express their fears and hopefully begin to have much more self-awareness so that then when they get into the junior high and the senior high level, possibly this problem will not be as big a problem.

Chairman **Pepper**. Do you work only with the younger students?

Mrs. **Sommer**. No, sir. I am a drug consultant for the south central district.

Chairman **Pepper**. For what grades?

Mrs. **Sommer**. For grades one through 12.

Chairman **Pepper**. All of the grades in the public school?

Mrs. **Sommer**. Yes.

Chairman **Pepper**. Just one question, what is done outside by the school authorities when it is discovered by drug advisors, teachers, or some school authority, that a student is using drugs? What do you do?

Mrs. **Sommer**. Well, Mr. Fussell is my superior, and he is the administrator in the district office, and perhaps it would be more appropriate for him to tell you.

Chairman **Pepper**. All right. What do you do, Mr. Fussell?

Mr. **Fussell**. I think I got the question. What is done when it is detected?

Chairman **Pepper**. What is done when you find a student in the school is using drugs?

Mr. **Fussell**. It depends on the situation, of course. If the youngster is under the influence of a mood changing substance within the school, then the family is contacted, and in most cases the school security department will be contacted and an investigation will begin at that time. If the youngster is involved in selling on the school grounds, then this is something entirely different.

Chairman **Pepper**. What do you do then?

Mr. **Fussell**. The school security is involved and the local police department is involved as well. The youngster is generally, if it is proven, is apprehended and arrested for the sale of drugs or narcotics. Now, if it comes to the attention of the school people that a youngster is using drugs but is not necessarily under the influence, then whatever resources we have in that particular school, guidance counselors, peer group counseling programs, individual teachers, individual administrators, whatever kind of one to one human relations that can take place is done to effect a change in that youngster's thinking taking place. Once again it depends on the situation. They are not all lumped under one category.

Chairman **Pepper**. I know. But what if you find a student is using heroin, let us say, what do you do?

Mr. **Fussell**. Well, I have to ask you how you find that out. Are you saying he is under the influence, that he is high at school?

Chairman **Pepper**. Suppose a security individual, or teacher, or another student, sees that student shooting up in the restroom and it is reported to one of the school authorities.

Mr. **Fussell.** Of course, I am in no position to speak for the 46 principals we have in our particular district, but I can assume that it would be reported to the principal. It is his responsibility to contact the security department at that time, and also make contact with the parent of that student, and then from that point it is in the hands of the parent.

Chairman **Pepper.** Is there any program for getting treatment and rehabilitation for that student?

Mr. **Fussell.** Yes; but I am talking about the immediate response in the schools. But from that point on the referrals to the various resources in the community may take place. It may be a referral in talking to the parent or the youngster himself; it may be a referral to the Seed program. More and more of our young people from Dade County are finding their way up to that particular rehabilitative program and, yes, it is not dropped, if that is what you are asking. Every effort is made to influence the youngster to seek the type of professional help that is needed, but there is no guarantee that that is going to take place, and there is no guarantee that the particular type of program that he or she might need does in fact exist.

Chairman **Pepper.** Mrs. Sommer, do you have anything more?

Mr. **Brasco.** I wanted to ask Mr. Fussell a question, if I may. If someone, as the chairman has indicated, was suspected of using heroin in the school, do you have any ability to examine them, or do you think that would be desirable?

Mr. **Fussell.** To examine the youngsters?

Mr. **Brasco.** Yes.

Mr. **Fussell.** Medically examine?

Mr. **Brasco.** Yes. How would you make a determination that this student is using heroin?

Mr. **Fussell.** I do not think there is anyone in any of our schools in Dade County that is capable of making that determination.

Mr. **Brasco.** No. I am asking do you think that a medical examination under those circumstances would be desirable, and if so, would you want to have the authority to impose on the student such medical examination?

Mr. **Fussell.** I think personally speaking, and once again I am not speaking for the Dade Country schools in this matter, that no; I would not want that authority. If parents are involved, as you will recall I said one of the two steps that the principal would take would be to call, to inform the school security department, which would respond to it, and to inform the parent, and I think the more that we are—we are not in any way recommending that we do not get into as many programs as we can, but the more that we can put this problem involving the parents in it, and for the decisions to be made in terms of medical examination, for myself I do not know what that would tell us in school other than yes, the boy or the girl is a heroin addict.

Mr. **Brasco.** It might save someone from an overdose.

Mr. **Fussell.** Yes, obviously it would.

Mr. **Brasco.** That is a responsibility someone has to face up to, even if the parents are not willing to do it.

Mr. **Fussell.** But, the school is in no position in 1972 to take that full responsibility via the parent.

Mr. **Brasco.** I suspect that you must have a feeling that parents are not as involved as they should be, and the teachers do not want to be involved either.

So then we allow that student to remain, with no help under those circumstances?

Mr. **Fussell.** No.

Mr. **Brasco.** What is your program for help?

Mr. **Fussell.** Without the medical examination, if we could be successful in referring and getting the youngsters to a rehabilitative type of agency, then the determination of whether he or she is on heroin could very easily be made by the competent people at that agency rather than us trying to make that determination.

Mr. **Brasco.** It has been my experience that heroin addicts do not readily go or want to go into a rehabilitation program. Most of the voluntary programs that we are talking about are court referrals. They have a choice of going to jail or going into a treatment program.

Mr. **Fussell.** I would agree, but by the same token I do not know what the medical examination would do either, other than once again prove he is on heroin, if he is not going to go anyway.

Chairman **Pepper.** Mrs. Terp, have you anything by way of summary, and we will not ask you any questions, at least I will not.

Statement of Barbara Terp

Mrs. **Terp.** Well, I am in sort of a different situation. I am in an elementary school in Cocoanut Grove which has been identified as one of the most highly intensive areas of drug abuse and use. With the children in my school, however, I do not believe that there is any abuse by the children. It probably has been used.

We have been working in a pilot program this year, human development program, with Mr. Fussell, which is a takeoff on peer group counseling and in which the children learn to recognize and accept other people's behavior, and they learn to understand them so that peer group pressure is not put on them in areas where they might, such as drugs, and they learn to understand their feelings, and their behavior, and their attitude. And this also causes them to realize that their problems are not unique, other people have problems, and therefore anxiety does not build up, and the children do not have to escape into a world of drugs. And we have found it very, very successful with the children. We have worked also with Mr. Gibber's children at Coral Gables High School, and when my children started working with them, they want to come back and set up their own HUG room, which we did. And we hope you will understand that a child cannot learn anything in school if they are up tight, and the thing that we have to do for these children is to keep them from being up tight, and especially with their emotions. And there are a lot of teachers in these schools who have no understanding for these children at all. They have no feelings for them, and this is one of the big problems. The parents at home have no feelings or understanding for the children. They come to school, there is no feeling or understanding, and there is where the problem lies with most of these children. And they are influenced by a lot of other people, and they are led into these scenes of the drugs.

Chairman **Pepper.** Well, thank you very much.

Are there any questions?

Thank you very much, all of you. We appreciate your appearance, Mrs. Terp, Mrs. Sommer, Mr. Robinson, Mr. Gibber, and Mr. Fussell. We appreciate all of you coming here. Thank you very much.

The next witness is Dr. Brian Blackbourne.

Dr. Blackbourne is the assistant medical examiner for Dade County, Fla. He will testify about drug-related deaths of school age children. Doctor, we are happy to see you and await your testimony.

STATEMENT OF DR. BRIAN D BLACKBOURNE, ASSISTANT MEDICAL EXAMINER, DADE COUNTY, FLA.

Chairman **Pepper.** Doctor, would you give us your name and your official position and address?

Dr. **Blackbourne.** Brian Douglas Blackbourne, assistant medical examiner for Dade County, Fla.

Chairman **Pepper.** How long have you held that position?

Dr. **Blackbourne.** 5 years.

Chairman **Pepper.** You have a prepared statement, I believe?

Dr. **Blackbourne.** Yes, I do.

Chairman **Pepper.** Would it be all right with you if we put your statement in the record and let you summarize it for us?

Dr. **Blackbourne.** Yes, sir.

Chairman **Pepper.** Without objection, your statement will be incorporated in the record.

Go ahead, Doctor, and summarize your statement.

Dr. **Blackbourne.** The medical examiner's office in Dade County has the responsibility of determining the cause of death in all violent, suspicious, or sudden deaths, and included in these are the deaths associated with drug abuse.

In preparing this report, I have gone back over the last 5 years' records and analyzed all of the violent and poisoning deaths in the school age group, which I have designated the 6-to-18-year-age group. Over a 5-year period, 559 individuals within this age group died in Dade County from violence or poisoning.

Chairman **Pepper.** In what period?

Dr. **Blackbourne.** From 1967 to 1972.

Chairman **Pepper.** What is the number?

Dr. **Blackbourne.** A total of 559.

Chairman **Pepper.** Now, if I understood you correctly, you did not have any reported deaths in Dade County from heroin prior to 1967?

Dr. **Blackbourne.** Mr. Chairman, I have not yet gone into the drug abuse deaths. These are all of the violent deaths, including the traffic fatalities.

Chairman **Pepper.** Oh; I see.

Dr. **Blackbourne.** This is sort of a broad base on which to place the drug deaths into perspective.

Chairman **Pepper.** Yes.

Dr. **Blackbourne.** We are all well aware that the drug overdose is not the only way an individual dies related to drugs or chemicals. The automobile crash, which is related to alcohol or barbiturates, is a drug-related death. An individual intoxicated on sniffing spot remover who is swimming and drowns, this is a drug-related death. In order to include all of these I reviewed all of the violent deaths and the poisoning.

Now, 70 individuals had a positive laboratory result at the time of autopsy. This is of the 559, 70 had some form of chemical or drug in their body. Now, I use the term "drug and chemical abuse" because I like to include in this the teenagers' abuse of alcohol, and solvent sniffing. These areas I believe are very relevant.

Mr. BRASCO. Would marihuana be in that group?

Dr. BLACKBOURNE. Yes; marihuana would be in that group, sir, except for our inability to identify it in the laboratory. Marihuana and the hallucinogenic drugs including LSD cannot be identified in the blood, urine, bile, or any other body tissue.

Mr. BRASCO. In your opinion, that would not make for safe driving, would it?

Dr. BLACKBOURNE. Absolutely not. I think there are indications that marihuana intoxication does certain things mainly with their interpretation of speed, distance, and concentration which, in fact, makes someone a dangerous driver.

Mr. PHILLIPS. I think this morning we had one of the witnesses testify here that someone using marihuana had numerous automobile accidents, and that that was one of the indications to her that her son was getting involved with marihuana; that it was just inexplainable about how he could get involved in so many automobile accidents.

Dr. BLACKBOURNE. I heard the testimony, and the same thing came to my mind, too.

Mr. PHILLIPS. One of the things you mentioned that impressed me was the number of very, very young children who died as a result of inhalants. Could you tell the committee about that?

Dr. BLACKBOURNE. Yes. Of the seven solvent sniffing deaths we have seen, six fall in the age group of 6 to 18 years. Three had been sniffing these solvents, and then went into the water and drowned. One dove into the water intentionally. The boy was sniffing from a tank of freon refrigeration gas which they had stolen, and after sniffing this, he dove into the canal, apparently to hallucinate or see some altered visions while he was swimming. Well, he did this several times and the last time he took several whiffs of this freon gas, dove in the water, and did not come up. He subsequently was recovered but had drowned. The other two drownings were the result of hallucinations brought on by the sniffing. A 14-year-old girl was sniffing spot remover in her boyfriend's car. She got out of the car, began running around screaming as if someone or something was chasing her, and then she ran to the canal and sort of half dove, half stumbled into the water. Her body subsequently was recovered and she also had drowned.

The youngest in this group was a 12-year-old boy who was recovered from the Miami River. In his case a number of boys had been sniffing paint thinner under one of the bridges over the Miami River, because this was a nice, quiet, secluded spot. While intoxicated, he apparently accidentally stumbled into the river and drowned. So, these three deaths were directly related, in my opinion, to their sniffing.

Three other deaths have been related to the misuse of aerosol spray cans. One was a deodorant spray, another an antiseptic spray, and a third a vegetable shortening spray. In each case the individual sprayed the contents of the can into a plastic bag, or into the top of the container, and then held it up under his nose and sniffed. In one case, after doing this several times, he took the aerosol can and sprayed it directly into his mouth. All three deaths were very sudden, and were attributed to asphixiation, largely because there is no oxygen in these aerosol cans. When one fills a plastic bag with this spray, and then breathes from that plastic bag for a number of minutes, he is not getting any oxygen. The brain is very sensitive to shortage of oxygen and although there may be some chemical intoxication from the contents of these spray cans, in my opinion, the major effect is asphixiation or the lack of oxygen.

Now, if we can go back to the 70 cases in which some positive chemical or drug was found. We have said, six were related to sniffing; 35 were related to alcohol, and this did not surprise me, because I have said in the past that alcohol is not the answer to the teenage drug problem. So many parents have felt that if the kids would just drink beer like they did when they were teenagers, and not smoke marihuana, sniff airplane glue, and so forth, that we would not have the problems. However, one-half of the 70 drug-or-chemical-related deaths exhibited alcohol. Nineteen of these were traffic fatalities, five were drownings, one other accident, five homicides involving children under the age of 18 which had alcohol.

Mr. **Brasco.** What you are saying, Doctor, is drugs are not a substitute for alcohol, they are using them simultaneously.

Dr. **Blackbourne.** Yes, absolutely.

Mr. **Brasco.** What effect do they have when you use them simultaneously? Can you predict it medically?

Dr. **Blackbourne.** If it is a downer-type drug, a barbiturate, the sleeping pills or even heroin, the effects of using alcohol at the same time will be additive. It will further depress the brain.

Mr. **Brasco.** How about marihuana?

Dr. **Blackbourne.** The combination of marihuana and wine is certainly popular, and it produces some different effect which I am not familiar with, but it is popular, so I imagine it does produce another type of feeling.

Mr. **Brasco.** Could you tell us if alcohol and marihuana are similar in effect? I get the impression that one cigarette will give you what they call a cheap high or the equivalent of enough liquor to make you drunk.

Mr. **Rangel.** It depends on the quality.

Mr. **Brasco.** Well, I don't know.

Dr. **Blackbourne.** I think this is generally true. Intoxication with alcohol, especially related to driving, will produce motor incoordination.

Mr. **Brasco.** What I am trying to find out is whether one cigarette of marihuana could be equated with one shot of scotch or any other kind of liquor, or would it be half a bottle of it? Is there some equation?

Dr. **Blackbourne.** I have read of experiments where they did attempt to do this, and I have never had any personal experience either in the laboratory or even with friends who are that much involved to have a good answer to that. But I certainly have the impression from some students who worked in our office, who did some surveys, that an experienced marihuana abuser can with one cigarette obtain a level of intoxication. Now, as to how to relate this to so many ounces of alcohol, it is not easy.

Mr. **Brasco.** Thank you.

Dr. **Blackbourne.** I would like to clarify a point. In the 35 cases in which alcohol was identified, other drugs were not present at the same time. These deaths through traffic accidents or drowning were related to teenage abuse of alcohol alone.

An additional nine cases died abusing nonnarcotic drugs. These were barbiturates, methaqualone, and other sedative, sleeping-type medicines.

Mr. **Phillips.** Excuse me, Doctor. One of the prior witnesses advised me that there is a reputation in Miami for easily obtaining barbiturates and amphetamines, and that there are more pills available in Miami, apparently, than most places in the rest of the country. It seems to be an opinion held by some of the people we have talked to. You find that there are deaths in relation to these drugs here; is that correct?

Dr. **Blackbourne.** Yes. Now, someone in enforcement would have a better idea of the availability on the streets than I. Certainly this new drug, methaqualone, which is marketed under the trade name of Quaalude and also Sopor, has caused considerably worry here in Miami in the last year. We have had three accidental overdose deaths from this substance, four suicidal deaths in adults from this substance, and our laboratory has performed tests for various hospitals around town on 28 more individuals who did not die but whose doctors were concerned enough that they sent blood to our laboratory to have the drug identified. This is a new substance which apparently does have a popularity on the street, too.

Chairman **Pepper.** And what is the name again?

Dr. **Blackbourne.** The drug name is methaqualone. It is most commonly known as Sopor or Quaalude.

Mr. **Phillips.** And last year you say there have been how many incidents you were aware of where you have deaths, plus these drugs?

Dr. **Blackbourne.** Well, we have had seven deaths, three of which were accidental or nonintentional, and four were intentional suicides by this substance.

Mr. **Phillips.** And the other overdoses you stated?

Dr. **Blackbourne.** These are hospital overdose patients, 28 in number.

Mr. **Phillips.** That is all in 1 year with a new type of drug?

Dr. **Blackbourne.** Yes. The drug has been on the market only a year and a half or 2 years.

Mr. **Rangel.** Is it legal?

Dr. **Blackbourne.** Yes. It requires a prescription, and it is new and seems to have caught on either because it has been liberally prescribed or it is easily obtained illicitly.

Mr. **Rangel.** For what legal purpose is the drug used?

Dr. **Blackbourne.** It is a sleeping medication, a sedative, similar to the barbituates, but not related to them chemically at all.

Going on then: Among these 70 cases of drugs and chemicals found in the school-age type, 20 deaths were from narcotics. This is over the last 5 years, and during this time we have had 160 heroin deaths in the entire population of all ages. So, the 20 in this 6- to 18-year age group represents 12 percent of the total over the years.

It is of interest, I think, to examine the narcotic problem in Miami by death figures. The number of deaths is the one concrete way we have of assessing the drug problem. Heroin being such a powerful substance can very easily result in fatalities. Prior to 1967 we had almost no drug deaths in Miami. This is not to say that there was not some heroin present, but addicts were not of sufficient numbers that we would have regular deaths to investigate.

In 1967 there were, in fact, only two deaths. In 1968 we began the heroin epidemic with 14 deaths, which quickly jumped to 37 in 1969.

Chairman **Pepper**. How many?

Dr. **Blackbourne**. Thirty-seven in 1969.

In 1970 there were 41; in 1971 there were 48; and so far this year, to the end of May there were 19. It was a rather rapid increase during 1968 and 1969, and from then on a slower increase. The average age of these individuals dying has fallen from 28 to 23 years, indicating that heroin is getting to a younger age group. The percentage of these cases which appear under the age of 18 has risen from 7 percent in 1968—that is, in 1968 only 7 percent were under 18—to 16 percent in the first half of 1972. Sixteen percent of these deaths are 18 years of age or younger.

The male-female ratio is 4 to 1. The racial breakdown is, I think, very important. Over the 5-year period 70 percent have been white. Early in the rise of narcotic deaths, this was almost an entirely white problem. In fact, between 1967 and 1969, 44 of the 52 deaths were white, a very high percentage.

Chairman **Pepper**. Forty-four of fifty-two?

Dr. **Blackbourne**. Between 1967 and 1969. Beginning in 1970 the number of black narcotic-related deaths began increasing; 32 percent of the total were black in 1970; 35 percent in 1971; and 53 percent of all deaths in the first half of 1972. So far this year blacks have accounted for over half of the deaths. As was pointed out this morning, this is in a population which is 15 percent black.

Now, it is also interesting that since 1969 the number of white deaths has not increased numerically. In 1969, there were 32. The next year there were 28. In 1971 there were 31. The deaths in whites have therefore stayed approximately equal, and the increase we have in the black community reflects the increase in total narcotic deaths.

Chairman **Pepper**. In 1971 the figure was what?

Dr. **Blackbourne**. In 1971, 35 percent were black.

Chairman **Pepper**. You gave a figure for whites there?

Dr. **Blackbourne**. Oh, yes. There were 31 deaths in whites in 1971.

Mr. **Phillips**. Doctor, I would just like to interrupt you, in relation to these deaths. One of these things I was looking at in your report, the summary which startled me, was that in some of these heroin deaths you found methadone as well as heroin in the body; is that correct?

Dr. **Blackbourne**. Yes. There have been, over the last 2 years, eight or nine deaths in which methadone was the only drug, or methadone was present as well as heroin.

Mr. **Phillips**. And do you know whether the methadone is obtained from a rehabilitation program, or just illegal methadone obtained on the street?

Dr. **Blackbourne**. In the last 2 years, I believe half of them were clinic patients, and the other half were individuals who did not belong to any methadone clinic that we knew of.

Mr. **Phillips**. Is it also a fact, Doctor, that in some of the death examinations you found that heroin and barbituates were also present?

Dr. **Blackbourne**. Yes. There was one or two with heroin and barbituates.

Mr. PHILLIPS. Doctor, we did have occasion to talk in your office about heroin and a 14-year-old black girl who died here in Miami, a school-aged girl.

Dr. BLACKBOURNE. Yes.

Mr. PHILLIPS. Could you tell me if, in examining your file, you found whether or not she was suspended in school and arrested in Virginia?

Dr. BLACKBOURNE. Yes. She had a long history and we obtained part of the school and probation reports from Reston, Va. This was a 14-year-old girl who is a runaway. She had run away two or three times previously, had got into minor trouble, and the police had found the missing persons report the mother had filed and sent her home. The school records indicated that she was, in their opinion, incorrigible, and she had refused to wear shoes in school. She would get up and disrupt the class, or walk out if things were not going the way she wanted. I think, finally, she was suspended.

Mr. PHILLIPS. And I think Doctor, you indicated that after she was suspended the school authorities in Reston, Va., did their best to chase her from the school when she did come to the school, and a few months later she ended up dead here in Miami of an overdose?

Dr. BLACKBOURNE. There was 1 day's activities documented in the school record where after she had been suspended she returned to the school and was continuing to disrupt and so on, and make a nuisance of herself, and they attempted to have her evicted from the school grounds.

Mr. PHILLIPS. Well, I think the report I read, as I recall, was that she was just in the school hanging around, apparently had no place else to go, and two people tried to chase her. She was doing nothing wrong but, she had been suspended and probably should not have been there. My quarrel with the Reston, Va., school system is that they should have had some remedial attention given to that child before they just suspended her.

Dr. BLACKBOURNE. I would agree.

Mr. PHILLIPS. Thank you. I am sorry to interrupt.

Chairman PEPPER. Doctor, do you have anything to add?

Dr. BLACKBOURNE. No, sir. I think that is the majority of the report.

Chairman PEPPER. Are there other questions? Are there other questions, gentlemen?

Well, Doctor, we thank you very much.

(Dr. Blackbourne's prepared statement follows:)

PREPARED STATEMENT OF DR. BRIAN D. BLACKBOURNE, ASSISTANT MEDICAL EXAMINER, DADE COUNTY, FLA.

THE ROLE OF DRUG AND CHEMICAL ABUSE IN VIOLENT DEATHS AND POISONINGS IN THE SCHOOL AGE GROUP, 6–18 YEARS, IN DADE COUNTY, FLORIDA, BETWEEN 1967 AND 1972

The Dade County Medical Examiner's Office has the responsibility of investigating all violent deaths and poisonings and all sudden, unexpected or suspicious deaths. A great many community problems, in one way or another, result in the death of an individual. The death may be homicide, suicide, accidental overdose, or traffic fatality. By keeping records of these individual cases as they are investigated, a Medical Examiner's Office can provide meaningful statistics concerning community problems as well as alerting the community of changing trends in the number or type of deaths ocurring.

The problem of Drug and Chemical Abuse in Dade County has steadily increased over the past 5 years. In 1967, in fact, the only signs of Drug or Chemical Abuse apparent in the Medical Examiner's Office were deaths associated with alcohol. 1968 saw the introduction of hard narcotics into Miami in sufficient amounts that, for the first time, narcotic-related deaths occurred with regularity. Prior to 1968, deaths from hard narcotics occurred only once or twice in any twelve month period. Beginning in 1969, the sniffing of solvents, notably spot remover, paint thinners, and in later years, transmission fluid and the contents of the aerosol cans, became associated with fatalities. Also, beginning in 1969, the abuse of prescription-type medications resulted in fatal poisonings. Through 1970, 1971, and the first half of 1972, deaths associated with all these forms of abuse have continued. The introduction of solvent sniffing, of abuse of barbiturates and other sedative medications and of heroin, has not altered the teenage abuse of alcohol. Fatalities associated with alcohol continued throughout this period.

This report is a description of deaths within the school age group which are related to Drug and Chemical Abuse. The school age group for the purpose of this study was defined as 6–18 years of age, inclusive. The term, Drug and Chemical Abuse, is preferred to the shorter term, Drug Abuse, as it includes the teenage abuse of alcohol and the more recent practice of sniffing volatile solvents. It is well known that Drug and Chemical Abuse deaths are not all overdoses. Persons intoxicated from any of these substances may get behind the wheel of an automobile and become a traffic fatality. Someone swimming while under the influence of one of these substances may drown. Their death is also related to Drug or Chemical Abuse.

With the realization that any violent death and most overdose deaths in the 6–18 year age group may be related to Drug or Chemical Abuse, this report has sought:

I. To identify both as to number and type, all deaths from violence and poisoning within the 6–18 year age group in Dade County, Florida, for a 5-year period, ending May 31, 1972

II. To identify and describe the role of Drug and Chemical Abuse in these violent and poisoning deaths

III. To compare those deaths in the 6–18 year age group due directly to Drug and Chemical Abuse with similar deaths in all age groups.

PART I.—IDENTIFICATION OF VIOLENT AND POISONING DEATHS

During the 5-year period studied, 559 individuals between the ages of 6 and 18 years died in Dade County of violence or poisoning. As shown in Table I, 227 or 41% were traffic fatalities; 120 drownings occurred, representing 21% of the total; 103 died of other accidents including accidental drug overdose; 69 were victims of homicide, and 40 committed suicide. The peak age incidence, Table II, is in the 16 to 18 year age group. Table III indicates that two-thirds were white and one-third were black. Males predominated by a ratio of 3 to 1.

Table IV and the accompanying line graph indicate that drownings occurred in almost uniform numbers throughout the different age groups. Traffic fatalities were quite uniform up to the age of 14. The incidence of traffic deaths markedly increased in the 15 through 18 year age group. Suicides and homicides both were predominantly in the older age range.

Table V indicates the race distribution by types of death. Although the black population makes up a minority of the overall population of Dade County, the homicide victims within this age group comprise a distinct majority. Drownings are almost equal between black and white. Suicides indicate a marked white predominance.

The ratio of males to females by the different types of death is shown in Table VI. Males predominate in all categories, traffic fatalities being the only group which reaches even a 2 to 1 male-female ratio.

Table VII is a further break-down of traffic fatalities by age and indicates that pedestrians struck by motor vehicle were most commonly in the younger age group. Bicyclists struck by automobiles were commonly in the middle age group. Motorcyclists, automobile drivers, and passengers were predominantly in the older age group.

One-fifth of all the violent deaths and poisonings within the 6–18 year age group, 108 cases, resulting from gunshot wounds. Table VIII indicates that 52% of gunshot deaths were homicides, 22% suicides, and 26% were accidental gunshot wounds. Table IX shows that 82% of gunshot wounds victims were male, 18% female. As indicated in Table X, whites predominated in gunshot suicides by ratio of 4 to 1; whereas the blacks were the most prevalent homicide victims, also by ratio of 4 to 1.

PART II.—THE ROLE OF DRUG AND CHEMICAL ABUSE IN VIOLENT DEATHS AND POISONINGS

Having gained this information and insight into deaths in the 6–18 year age group in Dade County, let us examine what role Drug and Chemical Abuse played in these deaths. Of the 559 violent deaths and poisonings within this age group, 80 demonstrated a chemical or drug on laboratory examination, Table XI. Sixty of these were accidental deaths, 14 were suicides, and 6 were homicides. Eight cases of suicides will be excluded from further study as these represent an intentional ingestion of drugs for the purpose of ending their lives. These are not primary examples of Drug or Chemical Abuse. Two further cases will be excluded as the medication identified had been prescribed by a physician for the control of epilepsy.

Table XII is a further analysis of these 70 cases. Twenty-two were traffic victims representing 10% of all the traffic fatalities within this age group. Eight were cases of drowning, representing 7% of all drownings. Five suicides by gunshot wound exhibited positive laboratory findings. Six of 69 homicides also showed positive findings.

Table XIII indicates the type of substance abused. Half of the total of 70 cases demonstrated alcohol. In another one-fourth, laboratory evidence of narcotics was found. The non-narcotic drugs including various forms of sleeping medication were identified in nine cases and evidence of solvent sniffing was found in six cases.

Table XIV indicates the positive laboratory results in the 6 homicide victims. Five exhibited alcohol in levels from .05% to 1.3%. Laboratory examination of one showed morphine. Table XV indicates the results of analysis of suicide victims. Eight died from intentional ingestion of excessive medication. Five gunshot suicides exhibited blood alcohols from .08% to .15%.

Table XVI shows the results of analysis of drowning victims. Five showed blood alcohols from .05% to .28%. Three had sniffed various solvents.

Of the 22 traffic fatalities described on Table XVII, 14 were drivers. Eleven exhibited blood alcohols ranging from .05% to .16%. Three demonstrated non-narcotic drugs including barbiturates, paraflex, and a combination of meprobamate and librium. Six passengers killed in traffic crashes indicated blood alcohol levels between .05% and .16%. In two of these cases, the driver was also killed and in each case his blood level exceeded that of the passenger. Two pedestrians died with blood alcohols of .08% and .14%.

Table XVIII indicates the yearly incidence of identification of various substances in violent or poisoning deaths. The 35 deaths in which alcohol was identified are quite evenly spaced over the 5 years. The deaths in which narcotics was identified, show a gradual but steady increase from 1969 until the present. The abuse of non-narcotic drugs also shows a slight but steady increase from 1970 onward. The deaths associated with solvent sniffing begin in 1969 and exhibit 1 or 2 each year since.

Table XIX is a further description of the types of drugs and chemicals abused. Of the 20 narcotic-related deaths, 14 exhibited morphine alone. Morphine is the product identified in the laboratory when either morphine or heroin is administered. In many of these cases, quinine was also identified in the body. Quinine is one of multiple substances used to dilute or "cut" the heroin before it is marketed on the street and thus indicates that in the majority of cases when morphine is identified in the laboratory, it was in fact heroin which was administered. Four cases demonstrated both barbiturates and morphine, 1 case methadone and morphine and 1 case exhibited a .21% blood alcohol as well as morphine.

The six non-narcotic drugs identified comprised barbiturate in 2 cases, amphetamine in 1 case, and methaqualone in 3 cases. Methaqualone is a sedative and sleeping medication which has recently been introduced to the market and which apparently produces effects found pleasurable to the drug abuse culture. In addition to these 3 accidental overdose deaths, 4 other adult suicides have been documented in the past year from this drug. Further evidence that this substance is a potent sedative medication and of its present state of abuse in Dade County are recorded in our Toxicology Laboratory. The Medical Examiner's Laboratory performs analyses for drugs for many, but not all, of the hospitals within Dade County when a person is brought stuperous or comatose to their emergency room. In the last 15 months, methaqualone has been identified in 28 such cases. Of the 18 cases in which the age of the patient was recorded on our laboratory sheets, 7 were 18 years of age or younger.

In a third group of cases on Table XIX are deaths associated with sniffing. Death in each of the three cases was attributed to asphyxia resulting from abuse of pressurized aerosol cans. The individual either discharged the aerosol spray into the top of the container or into a plastic bag and then sniffed the vapors. In one case, it is documented that the individual sprayed the substance directly from the can into his mouth. The complete absence of oxygen in the vapor discharged from the aerosol can is, in itself, reason for asphyxia. The various propellent chemicals plus the irritating nature of the spray itself produced further harm to the individual. The aerosol preparations used, included a deodorant spray, an antiseptic spray, and a vegetable shortening spray.

The role of marijuana intoxication and the effects of the hallucinogenic drugs including LSD on violent deaths is not known. No laboratory test is available for routine use to identify these substances in unexpected, suspicious, or violent deaths. Marijuana has occasionally been found in the pants pocket of a drowning or traffic fatality or in the glove compartment of an automobile involved in a crash.

PART IIIS—DRUG AND CHEMICAL ABUSE IN 6- TO 18-YEAR AGE GROUP COMPARED TO ABUSE BY ALL AGE GROUPS

It is the purpose of this third part of the report to compare the Drug and Chemical Abuse previously described in the 6–18 year age group with the total Drug and Chemical Abuse by all ages.

Table XX shows the total number of narcotic-related deaths in the 5-year study. During the last 7 months of 1967, 1 narcotic death occurred. During the following 4 years, narcotic deaths increased to 14, 37, 41, and 48 deaths per year. In the first 5 months of 1972, 19 narcotic deaths are recorded. A comparison of the 6–18 year old narcotic deaths to this total shows a slight increase over the 5 years studied. The 6–18 year age group represented only 7% of the total narcotic deaths in 1968 but 16% during the first 5 months of 1972. Over the 5-year period, 12% of the total narcotic-related deaths involved individuals 18 years of age or younger.

Barbiturate deaths are shown on Table XXI. During the 2-year period 1970 and 1971, a total of 151 persons in Dade County died as a result of barbiturate intoxication. Of these, 133 were intentional ingestions classified as suicides. Only 1 of these 133 fell into the 6–18 year age group. During 1970 and 1971, 18 barbiturate deaths were classified as non-intentional or accidental deaths, after thorough police and laboratory investigation. Of these 18, 2 occurred in the 6–18 year age group.

Seven solvent sniffing deaths occurred, Table XXII. These included 3 deaths from asphyxiation as a result of abuse of aerosol sprays, 1 asphyxiation from becoming unconscious while a plastic bag was present about the head and 3 drownings following sniffing of volatile solvents. Six of the 7 deaths were in the 6–18 year age group, their ages ranging from 13 to 16. In addition to the aerosol cans previously described, spot remover was abused in 2 cases, a paint thinner containing Toluene in one case, and a stolen cylinder of Freon refrigeration gas in one case.

CONCLUSION

In spite of vigorous publicity concerning the hazards of Drug and Chemical Abuse, and in spite of efforts directed through the schools and by talks by various community and local government organizations, including the Medical Examiner's Office, Drug and Chemical Abuse remains present and, apparently, thriving within our community. The toll taken by Drug and Chemical Abuse seems all the worse when, as seen in this study, so many of the victims have not yet reached their twentieth birthday. The problem is not that these individuals do not know the hazards. Those persons using narcotic drugs, especially, are familiar with the overdose and many have even seen one of their friends die. Some rationalize that it will not happen to them or that they will be more careful, but others don't really care. Why is it that the dreamy, light-headed or giddy feeling they experience is worth the risk of death, of being arrested, or of failing in school? No heroin addict can be freed from his habit and no transmission fluid sniffer can be stopped from wanting this experience unless he is motivated in himself for this change. Strict enforcement may reduce the availability of these substances, but Drug and Chemical Abuse will continue until such time as the users come to find that the risk of these activities are not acceptable within their own plan for their lives.

TABLE I.—VIOLENT DEATHS AND POISONINGS, 6–18 YEAR AGE GROUP

Type of death	June–December 1967	1968	1969	1970	1971	January–May 1972	Total
Homicide	4	13	11	16	20	5	69
Suicide	2	6	12	6	10	4	40
Traffic accident	20	51	31	52	52	21	227
Drownings	15	22	24	20	30	9	120
Other accidents	10	17	21	19	24	12	103
Total	51	109	99	113	136	51	559

Type of death:	*Percent*
Homicide	12
Suicide	7
Traffic accident	41
Drownings	21
Other accidents	19

TABLE II.—AGE INCIDENCE OF VIOLENT DEATHS AND POISONINGS, 6–18 YEARS OF AGE

Age	Number of deaths	Percentage
6	24	4
7	27	5
8	28	5
9	18	3
10	14	2
11	15	3
12	22	4
13	34	6
14	44	8
15	58	10
16	69	15
17	106	18
18	100	17
Total	559	

TABLE III.—RACE DISTRIBUTION OF VIOLENT DEATHS AND POISONING, 6- TO 18-YEAR AGE GROUP

	June to December 1967	1968	1969	1970	1971	January to May 1972	Total	Percentage
White	34	65	61	81	89	39	370	66
Black	16	44	38	31	46	12	187	34
Other				1	1		[1] 2	
Total	51	109	99	113	136	51	559	

SEX DISTRIBUTION OF VIOLENT DEATHS AND POISONING

	June to December 1967	1968	1969	1970	1971	January to May 1972	Total	Percentage
Male	38	83	77	94	100	39	431	77
Female	13	26	22	19	36	12	128	23
Total	51	109	99	113	136	51	559	

[1] 1 Chinese, 1 American Indian.

TABLE IV.—AGE DISTRIBUTION BY TYPE OF DEATH, VIOLENT DEATHS AND POISONINGS 6- TO 18-YEAR AGE GROUP

	6 to 10 years	11 to 14 years	15 to 18 years	Total
Homicide	3	10	56	69
Suicide	0	4	36	40
Traffic accident	52	44	131	227
Drowning	40	35	45	120
Other accidents	16	22	65	103
Total	111	115	333	559

AGE INCIDENCE OF VIOLENT DEATHS AND POISONINGS

6-18 YEAR AGE GROUP

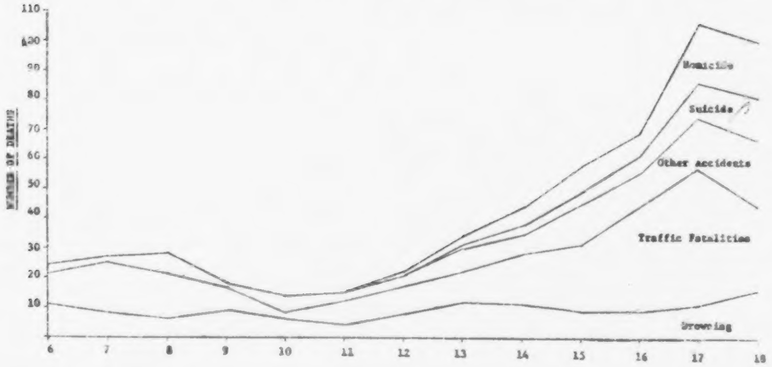

TABLE V.—RACE DISTRIBUTION BY TYPE OF DEATH, VIOLENT DEATHS AND POISONINGS 6- TO 18-YEAR AGE GROUP

	Black	White	Other	Total
Homicide	52	16	1	69
Suicide	7	33		40
Traffic accident	45	181	1	227
Drowning	56	64		120
Other accident	27	76		103
Total	187	370	[1] 2	559

[1] Chinese, 1 American Indian.

TABLE VI.—SEX RATIO BY TYPE OF DEATH, VIOLENT DEATHS AND POISONINGS 6- TO 18-YEAR AGE GROUP

	Male	Female	Total
Homicide	54	15	69
Suicide	31	9	40
Traffic accident	155	72	227
Drowning	106	14	120
Other accident	85	18	103
Total	431	128	559

TABLE VII.—TRAFFIC FATALITIES, 6- TO 18-YEAR AGE GROUP

	6 to 10 years	11 to 14 years	15 to 18 years	Total
Pedestrian	33	8	12	53
Bicyclist	10	17	4	31
Motorcyclist		2	28	30
Auto driver		[1] 1	43	44
Auto passenger	9	16	44	69
Total	52	44	131	227

[1] Gocart.

TABLE VIII.—GUNSHOT WOUND DEATHS, 6- TO 18-YEAR AGE GROUP

Manner of death	Total	Percentage
Accident	28	26
Suicide	24	22
Homicide	56	52
Total	108	

TABLE IX.—SEX DISTRIBUTION OF GUNSHOT DEATHS, 6- TO 18-YEAR AGE GROUP

Sex	Accident	Suicide	Homicide	Total	Percentage
Male	24	19	46	89	82
Female	4	5	10	19	18
Total	28	24	56	108	

TABLE X.—RACE DISTRIBUTION OF GUNSHOT DEATHS, 6- TO 18-YEARS OF AGE

Race	Accident	Suicide	Homicide	Total	Percentage
Black	11	5	44	60	55
White	17	19	11	47	43
Other			[1] 1	1	1
Total	28	24	56	108	

[1] Chinese.

TABLE XI

Positive drug or chemical analysis violent deaths and poisonings, 6- to 18-year age group

Manner of death:	*Number*
Accidents	60
Suicides	14
Homicides	6
Total	80

TABLE XII.—POSITIVE DRUG OR CHEMICAL ANALYSIS, PERCENTAGE POSITIVE BY TYPE OF DEATH

Type of death	Total number	Number positive	Percent positive
Homicide	69	6	9
Suicide	40	[1] [2] 5	12
Traffic accident	227	22	10
Drowning	120	[2] 8	7
Other accident	75	1	1
Drug, narcotic, or sniffing death	28	28	100
Total	559	70	

[1] Suicide by medicinal overdose excluded (8 cases).

[2] Cases with prescribed medication for epilepsy excluded (2 cases).

TABLE XIII.—POSITIVE DRUG OR CHEMICAL ANALYSIS, TYPE OF SUBSTANCE ABUSED, 6- TO 18-YEAR AGE GROUP

	"Overdose"	Traffic	Drowning	Other accidents	Homicide	Suicide	Total
Sniffing	3		3				6
Alcohol alone		19	5	1	5	5	35
Nonnarcotic drugs[1]	6	3					9
Narcotics	19				1		20
Total	28	22	8	1	6	5	70

[1] Suicidal overdoses excluded (8 cases). Prescribed medication for epilepsy excluded (2 cases).

TABLE XIV

Positive drug or chemical analysis, homicide victims, 6- to 18-year-age group

Homicide with alcohol demonstrated in levels 0.05 to 0.13 percent	5
Homicide with narcotic demonstrated	1
Total	6

TABLE XV

Positive drug or chemical analysis, suicides, 6- to 18-year-age group

Suicide by overdose of medication	8
Suicide by gunshot wound with alcohol demonstrated in levels 0.08 to 0.15 percent	5
Suicide by gunshot wound with medication prescribed for epilepsy demonstrated	1
Total	14

TABLE XVI

Positive drug or chemical analysis, drownings, 6- to 18-year-age group

Drowning with alcohol demonstrated in levels of 0.05 to 0.28 percent	5
Drowning with solvent demonstrated from sniffing	3
Drowning with phenobarbital demonstrated (prescribed medication for epilepsy)	1
Total	9

TABLE XVII.—POSITIVE DRUG OR CHEMICAL ANALYSIS, TRAFFIC FATALITIES, 6- TO 18-YEAR AGE GROUP

	Alcohol			
	Number	Levels	Drugs	Total
Driver	11	0.05 to 0.16 percent	[1] 3	14
Passenger	6	0.05 to 0.16 percent		6
Pedestrian	2	0.08 to 0.14 percent		2
Total	19		3	22

[1] Barbiturate, paraflex, meprobamate, and librium demonstrated.

TABLE XVIII.—POSITIVE DRUG OR CHEMICAL ANALYSIS,[1] YEARLY INCIDENCE 6- TO 18-YEAR AGE GROUP

	June to December 1967	1968	1969	1970	1971	January–May 1972	Total
Sniffing			2	1	2	1	6
Alcohol	2	7	7	10	7	2	35
Non-narcotic drug			1	2	2	4	9
Narcotics		1	5	4	7	3	20
Total	2	8	15	17	18	10	70

[1] Suicidal overdoses excluded (8 cases). Prescribed medication for epilepsy excluded (2 cases).

TABLE XIX

Positive drug or chemical analysis, narcotic, drug, sniffing deaths 6- to 18-year age group

	Number
Narcotic deaths: Narcotic and other drugs:	
Morphine demonstrated alone	14
Morphine demonstrated plus barbiturate	4
Morphine demonstrated plus methadone	1
Morphine demonstrated plus alcohol	1
Total	20
Accidental drug deaths: Type of drug:	
Barbiturate	2
Amphetamine	1
Methaqualone	3
Total	6
Sniffing deaths: Substance sniffed:	
Aerosol deodorant spray	1
Aerosol antiseptic spray	1
Aerosol vegetable shortening	1
Total	3

TABLE XX.—RELATIONSHIP OF 6- TO 18-YEAR-OLD NARCOTIC-RELATED DEATHS TO TOTAL NARCOTIC-RELATED DEATHS, JULY 1967–MAY 1972

Years	Total narcotic-related deaths	Narcotic-related deaths 6 to 18 years	Percentate in 6- to 18-year-age group
1967 (July-December)	1	0	0
1968	14	1	7
1969	37	5	13
1970	41	4	10
1971	48	7	14
1972 (January–May)	19	3	16
Total	160	20	12

TABLE XXI.—RELATIONSHIP OF 6- TO 18-YEAR-OLD BARBITURATE DEATHS TO TOTAL BARBITURATE DEATHS, 1970 AND 1971

Year	Suicide barbiturate deaths		Accidental barbiturate deaths	
	Total barbiturate suicides	Barbiturate suicides 6 to 18 years	Total accidental barbiturate deaths	Accidental barbiturate deaths, 6 to 18 years
1970	72	0	9	1
1971	61	1	9	1
Total	133	1	18	2

TABLE XXII.—RELATIONSHIP OF 6- TO 18-YEAR-OLD SOLVENT SNIFFING DEATHS TO TOTAL SOLVENT SNIFFING DEATHS

	Total sniffing deaths	6- to 18-year-old sniffing deaths	Age, race, sex	Substance sniffed
Asphyxia from sniffing contents aerosol cans.	3	3	[1] 16 [1] 15 [1] 15	Antiseptic spray. Deodorant spray. Vegetable shortening spray.
Asphyxia from plastic bag over head while sniffing spot remover.	1		[1] 20	Spot remover.
Drowning following sniffing	3	3	[2] 14 [1] 13 [1] 15	Do. Paint thinner. Freon cylinder.
Total	7	6		

[1] White male

[2] White female.

TRENDS IN NARCOTIC-RELATED DEATHS OVER 5-YEAR PERIOD 1967–72—DADE COUNTY, FLA.

In addition to the striking increase in narcotic related deaths, from 14 in 1968 to 48 in 1971, other trends are present in narcotic deaths. The average age, Table 23, has fallen from 28 years to 23 years during the five year period. The percentage of deaths of persons 18 years of age or younger has risen from 7% in 1968 to 16% in the first five months of 1972.

The ratio of males to females has varied but the five year totals show a marked male predominance of 4 : 1 over females, Table 24.

The distribution of narcotic related deaths by race is shown on Table 25. Seventy percent of all narcotic deaths studied were white. Between 1967 and 1969 44 of 52 deaths involved whites. Beginning in 1970 the number of black narcotic related deaths began increasing and blacks represented 32% of the total narcotic deaths in 1970, 35% in 1971 and 53% in the first five months of 1972. Table 26 indicates that one third of the persons, 18 years of age or younger, dying of narcotics, have been black. Table 25 shows that from 1969 to 1971 no significant increase in whites dying from narcotics has occurred. The number of deaths remained almost constant at 32, 28 and 31. The narcotic problem, although not primarily in the black community in the beginning, has become established there with increasing numbers of deaths.

TABLE XXIII.—NARCOTIC RELATED DEATHS, AVERAGE AGE OF ALL NARCOTIC RELATED DEATHS

Year	1968	1969	1970	1971	January to May 1972
Average age	28	26	26	25	23

PERCENTAGE OF ALL DEATHS BETWEEN AGE 6- TO 18-YEARS

Year	June to December 1967	1968	1969	1970	1971	January to May 1972	Total
Total deaths		14	37	41	48	19	160
Number 6-18 years		1	4	4	6	3	18
Percentage 6-18 years		7	11	10	12	16	11

TABLE XXIV.—NARCOTIC RELATED DEATHS, SEX DISTRIBUTION OF ALL NARCOTIC RELATED DEATHS

Sex	Total	Percentage
Male	127	79
Female	33	21
Total	160	

TABLE XXV.—RACE DISTRIBUTION BY YEAR OF ALL NARCOTIC RELATED DEATHS

State	June to December 1967	1968		1969		1970		1971		January to May 1972		Total	Percentage
		Number	Percent	Number	Percent	Number	Percent	Number	Percent				
White	1	11	78	32	86	28	68	31	65	9	47	112	70
Black		3	22	5	14	13	32	17	35	10	53	48	30
Total	1	14		37		41		48		19		160	

TABLE XXVI.—NARCOTIC RELATED DEATHS, RACE DISTRIBUTION 6- TO 18-YEAR AGE GROUP

Race	Number	Percentage
White	12	67
Black	6	33
Total	18	

Chairman PEPPER. The next witness is Dr. Manolo Reyes.

Dr. Reyes is the Latin American News Editor at WTVJ, Miami, Fla.

As a result of his contact with Latin students in Dade County schools, he believes that their involvement with drugs is minimal, but worthy of concern.

Dr. Reyes recommends the passing of an ordinance against the sale of transmission fluid or similar products, for too many children try to get "high" on it.

Mr. Phillips, you may proceed.

Mr. PHILLIPS. Dr. Reyes, please proceed with your statement.

STATEMENT OF DR. MANOLO REYES, LATIN NEWS DIRECTOR, WTVJ, MIAMI, FLA.

Dr. REYES. Chairman Pepper, distinguished members of the panel; I have been called to testify before the House Select Committee on Crime about the situation of drugs among Latin students and the Latin population in general, and on the main source of these drugs.

In the last 10 years I have been visiting in the Dade County public schools at least two or three times a week, trying to help bridge any gap of understanding between the American and the Spanish-speaking people of this area. I would like to say that I am not an expert on drugs, but my experience shows me that the drug problem, not only in schools, but in the area as a whole, is a very prevelant development. And I also feel it shows me that the Latin student involvement with drugs in schools is minimal.

Nevertheless drugs are a serious problem, in and out of schools in Dade County, and a growing one. So we have to face this challenge, as this committee is doing.

In Dade County during 1970, there were 1,269 arrests on drugs, of which 378 were juveniles. In 1971, there were 1,293 arrests and 491 were juveniles. And in the first 5 months of 1972, there have been already 716 arrests, of which 269 were juveniles. It seems that the arrests, if they are to continue at this rate, will surpass the figures of last year.

I was not provided with a breakdown of Latin offenders of this Dade County count; but I do have information from the city of Miami, and as you know, Miami for the last 25 years has been advertising as the "Gateway of the Americas." Twenty-five years ago it was only a slogan; today it is a reality. And in Miami you have the largest concentration of Latins, not only in the schools, but in all ways of life. We have in Dade County public schools around 50,000 Spanish-speaking students out of 241,000.

In 1971 there were 996 arrests in Miami on drug charges, of which 92 were Latin—which is 9.4 percent. Of the same 996 arrests, 294 were juveniles and 15 of these were Latins—or 5.1 percent.

In the first 5 months of this year there have been 646 arrests, and 55 of these were Latins—8.3 percent. Of this 646 count, 177 were juveniles and 12 were Latins—6.7 percent.

I believe that this preceding information reinforces my initial statement that the Latin student involvement in drugs in Miami schools is minimal. But I feel that even one Latin or one American on drugs—either juvenile or adult—is too much.

Furthermore, we have two additional thoughts that we should consider. One, local police officials have estimated that in Miami there is a drug traffic of buying and selling of $1 million per day. This terrible danger is a direct threat to our own lives and our families. Plus, although I have spoken to you of the official arrest figures, how many are not caught. How many juveniles, when found to be high on pep pills or glue, are given a verbal warning? There is no record of "warnings."

But besides the threats of the hard drugs, the pep pills, and the glue, which has been banned for sale to juveniles, I want to make special emphasis on another "mind damaging" item which has been mentioned this afternoon here. It's what the seventh graders, 11- and 12-year-olds call "go-fluid." Since the banning of the sale of glue to juveniles, youngsters have found that they can get their kicks from transmission fluid, which can severely damage the human brain for life. I feel this committee should highly recommend the passing of an ordinance against the sale of transmission fluid and similar fluids which a youngster might try to experiment with to get a high.

Most reports on drug abuse indicate that youngsters who start experimenting with marihuana, frequently eighth and ninth graders, graduate to heroin and cocaine and other hard drugs; and then into the crime society to maintain their daily needs. But more recently, from different sources, we are finding that the drug problem is moving into the lower grades, into the elementary schools.

Where are the drugs coming from? Is there a purpose behind the pushing of drugs?

This is one theory I have—and I believe I am justified to add some recent findings to help confirm my theory.

At a local leadership seminar, Dr. Dan Sullivan, president of the Greater Miami Crime Commission, stated that we did not have a drug problem in Miami 6 years ago. I pointed out to him that 6 years ago—generally in January 1966—the so-called Tri-Continental Conference was held in Havana, Cuba. This conference was attended by Communist representatives from Asia, Africa, and Latin America. The conference dedicated itself to the gaining of power for the Communist regime in these three continents. They blueprinted the action called for to gain this power. Since that time many of the more drastic international crimes have increased—air piracy since 1968 has tripled, with 98 percent of the hijacked planes landing in Cuba. International kidnaping and murder of diplomats and other prominent leaders has shocked the world.

A tactic used through the ages to weaken enemies is the infiltration of drugs. The Cuban Patriotic Resistance has sent information to us that in Cuba—in Oriente Province in Sierra Maestra—there is a large plantation for the harvesting of marihuana. Fidel Castro's guards also are placed heavily on the Isle of Pines to protect the marihuana stored there. But this marihuana is not for local use; it is to export.

An anonymous letter I recently received from a 73-year-old woman told that she had been told, by recent arrivals from Cuba on the freedom flights, of many hundreds of acres of poppy planted in Pinar del Rio by Fidel Castro's troops. As she said, "I understand little of this, but I believe that with these poppies people can develop a drug."

In conversations with local sources we have had confirmation that Castro's people are distributing large amounts of drugs in this area. One police officer in charge of the narcotics division told me that the Chinese heroin is now going to Cuba, and from there to South America and to the United States through South America and Canada.

Fidel Castro is hungry for dollars. With this illegal drug traffic he is accomplishing two goals: one, he is getting the money he needs: and two, he is succeeding in getting to the root of the American system to destroy it—destroying the family.

And why is Miami the No. 1 port of entry for drugs in the United States? Yes; its location for one. But also, because the tremendous success of the Cuban colony in exile has been a terrible rebuff to Castro's statements that those who left Cuba were "the garbage of the Cuban nation."

So, in summation, I submit that drug abuse among Latins, even though now minimal, is a growing threat to all of us. But I also feel that drugs being distributed in the United States are supported by Castro's agents and aimed to hinder Cuban progress in Miami.

That is my statement, Mr. Chairman.

Chairman Pepper. Thank you very much, Dr. Reyes.

Mr. Brasco, any questions?

Mr. Brasco. Doctor, you are not a schoolteacher in Miami, are you?

Dr. **Reyes.** No, sir.

Mr. **Brasco.** The reason I asked was because everyone other than schoolteachers has seen a logical progression from marihuana to other drugs, and has seen the need of taking immediate and forthright action but it is only when you get involved with the board of instruction that you have difficulties in this area.

One individual who was a schoolteacher said he would not discourage the use. I just do not know what they are waiting for. I just hope that through the hearings, and that was the purpose of constituting these hearings, we could expose it to the public at large. It seems to me that parents, whose tax money is used to support our educational system to pay the teachers' salaries, have very little to do with what the curriculum is and who the teachers will be. The very least they should expect is that we get a school system free from this threat of disease. I just cannot understand the attitude of the educators. I want to commend you on a very fine statement.

Dr. **Reyes.** Thank you. May I comment on your statement, sir?

Mr. **Brasco.** Yes.

Dr. **Reyes.** When I came to this country 12 years ago, as an exile with my wife and my three children, 8, 5, and 1, as soon as I left the Immigration Department they gave to me a lot of rights, thanks to this wonderful country, and these wonderful people, but I believe for each right that you have, you have a duty. For each right that you confer you have a duty, and I thought that my duty with the community that I am living in now is to visit Dade County public schools. That I did. And I started in 1962 with different programs, of trying to get at any problems, to bridge any gap of understanding between the American people and the Latins. So I would go to the schools with different films, slides about the Cuban exiles. I would go to the police to tell the people that the police are friends, not foes—I am talking about the Latin people. About 2 years ago I went to an elementary school here, and we were talking about the police, and another officer was with me, and he came as a Cuban. He was 14 years of age when he came to this country, and now he is a police officer in the Miami Police Department, and we were talking to the youngsters in Spanish about the traffic situation. One of the teachers asked the police to talk about drugs because they were having problems in the elementary school, so he looked at me like this is something that we do not deal with. We are talking about traffic. I said, go ahead, and he started to talk about the drug situation. And all of a sudden a small boy, about 10 years of age, stood up and said, "I know a girl that smoked marihuana in this school." It was a terrible shock, and from there on I realized that the situation was penetrating, and I felt my duty as a member of the community was in trying to help.

Now, we had a drug seminar at the YMCA International to try to pass the information, education to the parents, to the Latin community. Up to now I believe we have been successful in the Latin community, because the figures show that last year, and up to now, we have 27, but as I said before, one is enough, and the number is increasing. So that is the reason of my presentation on this.

Mr. **Brasco.** Thank you.

Chairman **Pepper.** Mr. Mann?

Mr. **Mann.** No questions.

Chairman **Pepper**. Mr. Rangel?

Mr. **Rangel**. No, sir.

Mr. **Phillips**. Doctor, could you tell us whether or not there are any Spanish language programs in the schools for the people of Latin origin who would still be speaking Spanish?

Dr. **Reyes**. Sir, I can tell you that when we made that seminar, it lasted about 10 weeks, and we got people from the police, we got people from Customs, Federal agents, we got leaders, political leaders, editors, and each of the tapes were in Spanish, and we gave it to the Dade County school board so that they passed it on their own programs.

Mr. **Phillips**. Very good. Now, could you tell me whether they are using them or not? I admire your initiative, but do you know whether they are using them or not? Do you know whether the Spanish-speaking children are getting drug education adequately?

Dr. **Reyes**. I think so. They are using it. I cannot state in which schools or how, but I have been told that they are using it. I have not seen it personally. They have told me that they are using it.

Mr. **Phillips**. Dr. Reyes, I would like to compliment you on your presentation. In addition to coming from New York and coming to Miami and being told about the large population of Cubans here, everyone I have spoken to since I have been here has commended the Cuban population. They have described the people who have come here as extremely hard working, conscientious; there is no difficulty with law enforcement; and they have really integrated into this community very well. I am happy to hear that, and I think that it is because the people who come here from other countries often turn out to be the very best citizens, better even than the ones born here. Thank you very much for your cooperation.

Dr. **Reyes**. But to be sure of one thing, since I do not represent the Cuban people, but since I am the only Cuban around, thank you very much.

Chairman **Pepper**. Dr. Reyes, we are very much aware of the grave concern in the Latin community here about the drug problem. I know that now a lot of the Cuban children go to private schools, do they not?

Dr. **Reyes**. We have about 10,000 or 15,000 in private schools, but the majority are going to public schools.

Chairman **Pepper**. The majority are going to the public schools. But I heard that the Latin people were very much concerned about this problem of drugs in the schools.

Dr. **Reyes**. That is correct.

Chairman **Pepper**. And they are very anxious to have effective programs put in operation because the parents are trying to keep in close touch with their children. I know that Latin families are usually intimate families—there is a close relationship between the parents and the children. I am sure, for the solicitude of the parents, they are very much concerned about picking up action on drug addiction in the schools and they are very anxious to have effective programs.

Dr. **Reyes**. Yes, sir.

Chairman **Pepper**. So they can effectively deal with the problem.

Dr. **Reyes**. I can assure you that not only on a personal basis, because I have a daughter of 20 years, going to Miami, Dade Junior College, and a middle boy of 18 going to private school, but I have a small one, 14, and he is going to the public school. I am close to many Cubans, and be sure that all of the Cubans are deeply concerned of this situation, and I am sure that I can speak for them. They try to help as much as possible.

Chairman PEPPER. Well, I want to commend you, Dr. Reyes, for the fine statement you have made.

Furthermore, Dr. Reyes has made a great contribution in testifying before the Latin American Affairs Subcommittee of the House Foreign Affairs Committee, and also before a subcommittee of the House Internal Security Committee dealing with the infiltration of Castro's influence into this country. They have not only infiltrated our country with propaganda, but they have also participated, and as I think you indicated here today, in the dissemination of drugs.

Dr. REYES. That is right.

Chairman PEPPER. Also, Dr. Reyes has testified in Atlanta before the Democratic platform committee on this question of what our policy with respect to Castro's Cuba should be. You are a very active citizen, Dr. Reyes, and we thank you very much for coming.

Dr. REYES. Thank you, Mr. Chairman. Thank you, gentlemen.

Chairman PEPPER. Now we are ready for the film.

On behalf of the committee, I want to express our deepest thanks to Ford for all they have done in the field of drug addiction. They have been very concerned and they have put on a great program from time to time in trying to alert the public to an awareness of drug problems in our area and in the country. This documentary will tell the story of what they are doing in treatment of rehabilitation in one of the most successful rehabilitation programs going, which is called the "Seed," in Fort Lauderdale. We are very pleased to have this documentary presented for our committee as a preview to our trip this evening.

(Showing of film "A Seed of Hope.")

Chairman PEPPER. The committee wishes to express its deep gratitude to channel 4 for making it possible for us to see this magnificent documentary. The narrator of the film is the news editor of channel 4, and a very popular figure in our area, Mr. Ralph Renick. We have with us Mr. Fred Francis, who is the producer of this documentary. We thank you not only for your cooperation, but your spirit as well. We want to thank you very much and we are pleased to have had you with us today.

We will adjourn to meet at 10 o'clock tomorrow morning at North Miami Beach High School. Thank you.

(Whereupon, at 5:30 p.m., the hearing was adjourned to reconvene on Wednesday, July 6, at 10 a.m.)

DRUGS IN OUR SCHOOLS

THURSDAY, JULY 6, 1972

House of Representatives,
Select Committee on Crime,
Miami, Fla.

The committee met, pursuant to notice, at 10:25 a.m., in the auditorium, Charles Drew Junior High School, Miami, Fla., the Honorable Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Brasco, Mann, Murphy, Rangel, and Keating.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; Jack Blumenfeld, special counsel for Miami hearings; and Leroy Bedell, hearings officer.

Chairman Pepper. The committee will come to order.

We started the week of June 19 in New York to hold a series of hearings on the problem of drugs in the schools. This is the followup of the study that this committee has been making in respect to the problems of crime in the country. We were created by an act of the House of Representatives, set up May 1, 1969, charged with the duty to investigate all aspects of crime in the United States. We have held hearings in a great many cities in the country—Boston; Omaha, and Lincoln, Nebr.; San Francisco; Columbia, S.C.; previously in Miami in December of 1969; in New York City twice, once on heroin and once on drugs in the schools; Baltimore, Md.; Philadelphia, Pa.; and other cities of the country.

We have been very concerned with the drug problem because of its relationship to crime. Relatively 50 percent of the violent crime is committed by people of the younger age categories, I would say under 21 years of age, and say half of the violent crime is attributed to the use of drugs of one form or another, primarily narcotics. That is due to the necessity of the narcotics addict having to get the money to buy heroin, which of course is a very expensive substance.

We have been shocked at the prevalence of the use of drugs all over the country and the relationship of that use to the crime problem with which we are primarily concerned. We have investigated other subjects such as organized crime and its infiltration into legitimate business, and into sports. But the number of heroin addicts that we have today is constantly increasing all over the country. We find that so many of the young people are beginning to be addicted to drugs in one form or another, many of them so-called hard drugs, in the schools. We already have a tragic number of people who are drug addicts, and it is from the schools that we are furnishing new generations, new addictions, to that large army of addicts and, of course, the problem is essentially aggravated. What we are trying to do is examine into the facts of the problem in respect of drugs in the schools and upon those facts to try to determine whether or not what is being done is the best that can be done to save the children and, therefore, the country; if more needs to be done, to see what it is and what role the Federal Government can play in the development of such a program for saving lives and reducing crime in the country.

We found in New York City a grievious problem in the drug area. We found evidence of the same problem here in Dade County.

Yesterday, we opened our hearings in Dade County in the Charles Drew Junior High School. We are here again today and we will be in south Miami tomorrow. Today, we have witnesses who have experienced this problem and they will tell us of it.

I have not introduced our distinguished colleagues on the committee. The committee is made up of 11 members of the U.S. House of Representatives, appointed by the Speaker. The Speaker honored me by naming me chairman of the committee.

On my right is the Honorable Frank Brasco of New York City. On his right is the Honorable James Mann of South Carolina; on his right, the Honorable John Murphy of Illinois; on his right, the Honorable Charles Rangel of New York City. On his right is Chris Nolde, one of our counsels.

On my left is another one of our distinguished members, the Honorable William Keating of Ohio. To my immediate left is Joseph Phillips, chief counsel of the committee; and next is Michael Blommer, associate chief counsel. Next is Jack Blumenfeld, for many years with Dick Gerstein, your State attorney. Mr. Blumenfeld is special counsel and consultant to us and has been very helpful in setting up our hearings in Miami.

We are very happy today to recognize in our audience the presence of the Honorable Dan Sullivan, who for many, many years has been head of the Greater Miami Crime Commission, which has done a magnificant job in fighting crime generally and particularly organized crime in our area. I hope you will forgive, perhaps, any immodesty on my part, to introduce my sister, Mrs. Sarah Willis, who is a teacher in the Broward County schools.

Sarah, will you stand up, please?

(Applause.)

Mr. Phillips, call the first witness.

Mr. PHILLIPS. Mr. Chairman, the first witnesses who will testify are a panel composed of Miss Ann Ryser, Miss Lybbi MacDonald, Miss Sally Pace, and Mr. Larry Pellegrini.

STATEMENTS OF ANN M. RYSER, SALLY PACE, LARRY PELLEGRINI, AND LYBBI MacDONALD, PARTICIPANTS IN THE SEED, A REHABILITATION PROGRAM DESIGNED TO HELP SCHOOL-AGE CHILDREN AND YOUNG ADULTS OVERCOME DRUG ADDICTION, FORT LAUDERDALE, FLA.

Mr. PHILLIPS. Miss Ryser, how old are you?

Miss RYSER. I am 14 years old.

Mr. PHILLIPS. Could you tell us where you reside? In what county?

Miss RYSER. Broward County.

Mr. Phillips. Did you ever get involved with the use of drugs of any kind?

Miss Ryser. Yes.

Mr. Phillips. Tell us how old you were when you so got involved.

Miss Ryser. When I first started?

Mr. Phillips. Yes.

Miss Ryser. It was before my 11th birthday.

Mr. Phillips. Would you tell us how you started?

Miss Ryser. Well, I was drinking before that.

Mr. Phillips. Miss Ryser, just try to relax as much as you can. Just imagine you and I are talking together and disregard everything else.

You say that you are 14 now?

Miss Ryser. Right.

Mr. Phillips. And that you first got involved with drugs when you were 11?

Miss Ryser. Yes.

Mr. Phillips. You also had been doing some drinking?

Miss Ryser. Yes.

Mr. Phillips. Tell the committee about that, please.

Miss Ryser. About drinking?

Mr. Phillips. Yes.

Miss Ryser. Well, we used to steal booze from the house.

Mr. Phillips. How would you steal booze from the house?

Miss Ryser. We used to take about half a bottle out—not half a bottle but whatever we wanted—out of it and put the same amount of water in.

Mr. Phillips. What would you do with the liquor when you did that?

Miss Ryser. Then we would drink it.

Mr. Phillips. How old was the group of children that were drinking this alcohol?

Miss Ryser. There were older boys and a couple of older girls and there were a couple of kids my age.

Mr. Phillips. Approximately what ages?

Miss Ryser. They were 14, 15, and down to 11.

Mr. Phillips. Then you progressed to what?

Miss Ryser. I went on with heroin. I didn't ever use cocaine.

Mr. Phillips. What other drugs did you use from the time you were 11 until the time you were 14?

Miss Ryser. Well, I used pot and hash and psychedelics—speed, downs.

Mr. Phillips. Where did you obtain those drugs?

Miss Ryser. I used to obtain them from school, on the campus, in the bathrooms, right in class.

Mr. Phillips. You would actually take them in school as well as purchasing them there?

Miss Ryser. Oh, yes. I used to go to school stoned every day.

Mr. Phillips. Could you tell us what school you went to?

Miss Ryser. Well, I went to East Side, then I went to Sunrise. I went to St. Anthony's before East Side.

Mr. Phillips. So you went to a number of schools?

Miss Ryser. Yes.

Mr. Phillips. How many children do you estimate in these schools were using drugs?

Miss Ryser. I would say about 75 or 80 percent.

Mr. Phillips. About 75 or 80 percent of the kids that you knew in school were involved with drugs?

Miss Ryser. Right, because I was the one that was selling them. Not only me, but everybody. So I knew them all.

Mr. Phillips. You say you were selling them. Tell the committee about that, please.

Miss Ryser. Tell about it?

Mr. Phillips. Yes.

Miss Ryser. How I sold drugs in school?

Mr. Phillips. Yes; who you sold them to, what type of children.

Miss Ryser. Well, I sold them to kids who wanted the drugs—kids my own age.

Mr. Phillips. And what type of drugs did you sell?

Miss Ryser. Pot, hash, THC, downs, speed, psychedelics.

Mr. Phillips. Were those drugs readily available in the schools?

Miss Ryser. Yes; you can get drugs anywhere in school. I never went to school and found a day when I didn't get drugs.

Mr. Phillips. There was never a day when you went to school that you couldn't get drugs if you had the money to get them?

Miss Ryser. Right; a lot of times I didn't even need money.

Mr. Phillips. Could you explain that to the committee?

Miss Ryser. Well, I would just tell them to turn me on, or they would ask me if I wanted to get stoned. I would make a deal with them and tell them I would give it back to them later when I got some other dope that was better or something.

Mr. Phillips. In other words, you would trade with other people. If they had more today, you would say, "Give me something today and I will give it back to you some other time"?

Miss Ryser. Right.

Mr. Phillips. You say you went to school on many occasions when you were stoned?

Miss Ryser. Yes.

Mr. Phillips. Tell the committee what "stoned" means and what you would look like when you were stoned?

Miss Ryser. Well, stoned is getting high. It is kind of like getting drunk.

You just look down and tired. It depends on what kind of drugs you use—pot, THC, and downs make you look down.

Mr. Phillips. Would you ever fall asleep or nod out in class?

Miss Ryser. Yes.

Mr. Phillips. What was the reaction of the teachers?

Miss Ryser. Well, they just would try to wake me up and then I would nod back out. There wasn't anything they could do. A couple of times they sent me to the clinic and the clinic would say I was sick and let me go home. But I wasn't in school all that much.

Mr. Phillips. What were you doing when you weren't in school?

Miss Ryser. I was out getting stoned.

Mr. Phillips. What age were you when you started dropping out of school?

Miss RYSER. When I started running away from home, I was about 12—well, before I started running away from home, I used to spend the night out, tell my mom I was somewhere and spend the night out on the beach or I had the whole weekend or something like that. I did that for about a year and after that I started leaving home and school and everything for a couple of weeks, then I would go back for a couple of days and then leave again. That went on for about 2 years.

Mr. PHILLIPS. You were in and out of school, and no one ever tried to place you in any kind of legal——

Miss RYSER. No; my parents caught me with dope a lot of times, but they didn't want to, they didn't think I was really that much into drugs, so they didn't want to put me in the drug rehab or send me to a psychologist or anything like that. We couldn't afford it anyway. We had a middle-class home and we just got along with a few extras. We didn't have money for things like that.

Mr. PHILLIPS. Would you say you had the average American home?

Miss RYSER. Right; I came from a good family. I really do have a good family. But I mistreated them and everything else, because I didn't want that; I wanted to be miserable.

Mr. PHILLIPS. Will you tell us why you got involved in using drugs?

Miss RYSER. I got involved in using drugs because everybody else was using drugs and, that way, I could just step up and people would talk about me. When kids would get in trouble and stuff, everybody would be the talk of the school for a long time. There was always that clique that everybody always looked up to and I wanted to be in it. It is the same way with everybody else.

Mr. PHILLIPS. And you say that most of the other kids that you knew were also in drugs?

Miss RYSER. Yes, I knew maybe two straight people and I wouldn't get near them. They weren't very smart or anything. They had no personalities or anything, they just weren't anybody. That is the way I always looked at them.

Mr. PHILLIPS. Did there come a time when you did get involved in a program?

Miss RYSER. What do you mean?

Mr. PHILLIPS. When did you finally stop taking drugs?

Miss RYSER. When I came to the Seed.

Mr. PHILLIPS. Would you tell us how that came about?

Miss RYSER. My dad told me I was going to the Seed. I didn't want to go there, because I had heard all kinds of things, that it was a really bad place. I didn't want to go there.

Mr. PHILLIPS. What had you heard about this program?

Miss RYSER. I heard that they got you busted and they made you tell on all your friends. I heard a lot of rumors.

Mr. PHILLIPS. In other words, you heard a lot of bad things about the Seed program. As a result of that, you were really afraid to go there, or didn't want to go?

Miss RYSER. I didn't want to get straight and I felt if I went there they would make me look stupid and all my friends would be gone.

Chairman PEPPER. You are talking about the Seed treatment and rehabilitation program in Fort Lauderdale?

Miss RYSER. Yes.

Mr. **Phillips.** You say your father decided at that time that you would get some help?

Miss **Ryser.** Yes, I was in Junior Haven for the third time and he came down and got me out. He told me before I left home, he told me I was going there. He came down and got me out and I have been there for 12½ months and I will never regret the day I walked in.

Mr. **Phillips.** You say you got to Junior Haven. Was that as a result of some conflict with the police?

Miss **Ryser.** Yes, I was always in there for runaway.

Mr. **Phillips.** Did you have occasion to commit some crimes while you were getting dope and associating with these people taking dope?

Miss **Ryser.** Yes; I committed crimes all the time.

Mr. **Phillips.** Would you tell the committee the type of crimes you committed in order to get the money to buy the stuff?

Miss **Ryser.** Well, I used to steal cars a lot and I used to steal from stores like it was nothing.

Mr. **Phillips.** You did an awful lot of shoplifting?

Miss. **Ryser.** Right.

Mr. **Phillips.** You say you stole a car. What did you do with the car after it was stolen?

Miss **Ryser.** We used to take it to the airport or take it someplace where there wasn't anybody around, strip it of everything, tape players and speakers and tires and all, you know, everything it had. Then I would give it to somebody else and he would pay me for stealing the car.

Mr. **Phillips.** In other words, the people you were associating with who were also taking drugs would strip the car and they would sell the components to other people.

Miss **Ryser.** I don't know.

Mr. **Phillips.** You just got paid for stealing the car itself?

Miss **Ryser.** Right.

Mr. **Phillips.** Then you would turn it over to them and they would strip it and resell the equipment.

Miss **Ryser.** Yes.

Mr. **Phillips.** You also say you were doing a lot of shoplifting?

Miss **Ryser.** Yes.

Mr. **Phillips.** What type of store would you shoplift from?

Miss **Ryser.** I used to shoplift from Burdine's, Jefferson's, Sears. I used to hitchhike every morning at 2 o'clock in the morning and I used to go to Miami. I would go down with no money, bum a quarter, buy a loaf of bread, steal a jar of peanut butter, and that is what I lived off of. That is during the time I was not asleep.

Mr. **Phillips.** You are presently in the Seed program. After a year now, you have not been involved with drugs at all; is that correct?

Miss **Ryser.** Right.

Mr. **Phillips.** I have no other questions of this particular witness.

Suppose we inquire of all of the panel and then the members will inquire of them as a group.

Statement of Lybbi MacDonald

Miss MacDonald, will you tell us how old you are?

Miss **MacDonald.** I am 19.

Mr. **Phillips.** Will you tell us how long you have been involved in drugs?

Miss **MacDonald**. I was using drugs for about 5 years.

Mr. **Phillips**. How old were you when you first got involved?

Miss **MacDonald**. I was about 13, I was 18 when I first went into Seed.

Mr. **Phillips**. Will you tell us what kind of drugs you became involved with?

Miss **MacDonald**. I used the entire spectrum—hash, opium, marihuana, amphetamines, barbiturates, heroin, cocaine, morphine, psychedelics, methadone.

Mr. **Phillips**. You used methadone as well?

Miss **MacDonald**. Yes.

Mr. **Phillips**. Could you tell us where you obtained those drugs?

Miss **MacDonald**. Heroin, I had my own cash and I bought from people off the street. Certain people I used to buy it from all the time. Most of them were people I had gotten drugs from when I was in school. I got them when I was in school.

When I was in school, I used to buy a lot of drugs at school from my friends, people that I knew around school.

Mr. **Phillips**. Did you ever sell drugs in school?

Miss **MacDonald**. Yes.

Mr. **Phillips**. Would you tell us what type of drugs you sold in school?

Miss **MacDonald**. Mostly in school I would sell THC, mescaline.

Mr. **Phillips**. Would you tell us how many people in school, to your knowledge, were involved in selling these drugs?

Miss **MacDonald**. When I was taking these drugs in school, in public school, I would say about 85 percent.

Mr. **Phillips**. You also attended private school as well?

Miss **MacDonald**. Right.

Mr. **Phillips**. Would you tell us what the conditions were in the private school?

Miss **MacDonald**. The private school that I graduated from, I would say a good 95 percent, from the ninth grade through the 12th grade, used drugs. There were very few people I knew about, three or four people, that were straight in school. There were also kids in the younger grades that used drugs, not as many as in the higher grades, though.

Mr. **Phillips**. Now, can you tell us what effect it had on you? When you were taking drugs, was this apparent to the teaching authorities?

Miss **MacDonald**. My parents knew that I was using drugs. I got busted when I was in school in New York for passing dope through the mail—acid and pot. I got arrested and my parents knew then that I was using drugs. They had the feeling that I was using it before.

I had to come down to Florida to go to court. At the last minute, I did not have to go to court and I went back up to school in New York. Then I got rearrested about 2 months later for grand larceny.

Then I did not get, as far as getting arrested was concerned, arrested any more except on minor charges.

Mr. **Phillips**. Let me ask you about those charges that you did have, Miss MacDonald. You say that you were arrested in New York?

Miss **MacDonald**. I was arrested in Florida—I guess. I do not really know. My father told me about it when I came down. They kept it quiet until I got back down to Florida. I was in Fort Lauderdale and

I went over to Tampa where my father was staying. He showed me that people had been watching me and the mail had been passed through and they showed all the letters that had been written, the whole copy work and everything else.

Mr. **Phillips.** Someone had been sending drugs from Florida to New York?

Miss **MacDonald.** Right.

Mr. **Phillips.** You originally lived in Florida and you moved to New York for a year?

Miss **MacDonald.** Right.

Mr. **Phillips.** And you were selling drugs up in New York; is that correct?

Miss **MacDonald.** Right.

Mr. **Phillips.** Where did the drugs you were selling in New York come from?

Miss **MacDonald.** They were coming from Florida. You see, I was in a boarding school and I did not get out of boarding school too much because I was on restriction the whole year. I was not supposed to leave. So most of the drugs came up from Florida from my friends down here. I just sold them through the school. The school was not real big.

Mr. **Phillips.** It is a small private school in New York; is that right?

Miss **MacDonald.** Right.

Mr. **Phillips.** When you first arrived in that small private school, there was not much drug use?

Miss **MacDonald.** There was not anybody that I knew. I went up there expecting everybody used drugs because it was in New York. After I had been there a couple of weeks, I met a girl from Florida who used drugs. I also met another girl from New York that had been using drugs. Between the three of us, we got enough into school to keep us going for the whole year while we were there.

Mr. **Phillips.** The three of you were actually importing drugs so you could use it at that school?

Miss **MacDonald.** Right.

Mr. **Phillips.** Did you turn anybody else on?

Miss **MacDonald.** Yes, just about the entire school.

Mr. **Phillips.** The three of you?

Miss **MacDonald.** The three of us. It was not a very large school. I would say about 100, 150 kids.

Mr. **Brasco.** Did you sell drugs there, too?

Miss **MacDonald.** Right.

Mr. **Phillips.** I take it that was an exclusive and expensive school.

Miss **MacDonald.** Right.

Mr. **Phillips.** Could you tell us, if you know, what the tuition charges were?

Miss **MacDonald.** I have no idea. I know it was an expensive school. It was out on the Island. Most of the kids who went there had a lot of money. My parents had a lot of money.

Mr. **Phillips.** You came from a very affluent family?

Miss **MacDonald.** Right.

Mr. **Phillips.** Could you tell us where you got the drugs?

Miss MacDonald. We got allowances up in school. Most of my friends, I did not even have to buy it from them, were sending it up from Florida. They were my so-called good friends and I guess they felt sorry for me being up in New York when they were down here. Most of the time they sent a lot of it up to me. I was going out with one of the guys sending it up to me so——

Mr. Phillips. You were getting it free?

Miss MacDonald. Right.

Mr. Phillips. Could you tell us what the reaction of teachers was to your taking drugs?

Miss MacDonald. I know in my senior year, I was strung out on heroin and I would go through my first class, which was English. I did not get along with the teacher at all. She never would really say too much to me because I would give her a hard time. I would usually walk out of the class. I guess you would say the principal or head mistress or whatever at the school knew I was using drugs. She knew I used to get off in the bathrooms and everything else. There was no way she could talk to me. She talked to my parents about it and they knew it and there was not too much to do. I got into the drug programs and nothing worked.

Mr. Phillips. You say you were getting off in bathrooms in school?

Miss MacDonald. Right.

Mr. Phillips. Could you tell me what the term means, "getting off" ? off"?

Miss MacDonald. Cooking some dope up and shooting it into my arm.

Mr. Phillips. You would actually take the dope and heat it in the bathroom in the school and take the drug there?

Miss MacDonald. Right.

Mr. Phillips. Was that a common occurrence with other students?

Miss MacDonald. At the last school I was in, the one I graduated from, there were not too many young kids there. Some of the kids who would use it kind of shied away from it. When I first went to school, I hung around with just about everybody there. I knew just about everybody. They told me I broke off with all of them, I would not have anything to do with any of them. I would not have anything to do with anybody. I just wanted to stay by myself.

Mr. Phillips. In other words, as a result of taking these drug, your personality changed?

Miss MacDonald. Yes. I used to be the type that was happy, and I could get along with people and I got to the point where I did not care about anybody. As far as I was concerned, everybody could drop dead. I really did not care. I hated everybody, even people who were supposedly my friends. I could not even stand them. The only reason I would hang around with them was maybe if they had something I wanted, if they had a lot of money or had any dope or things like that. But I really could not stand them.

Mr. Phillips. You say you ultimately got involved in some type of program to get off these drugs. Tell us how you got involved in the Seed program?

Miss MacDonald. I was living up in Atlanta and I came down here for the day to pick up my car. I was going to drive it back and one of my closest friends was arrested and was in jail. I went over to her house and her parents said the Seed had gotten her out of jail. I figured I would go down and see her.

I went down to the open meeting and I sat through the open meeting. I liked what I saw. There were real people there, they were honest, they told you where you were at. They were not like psychiatrists and other people I had gone to. The psychiatrists were not honest, they told me what pleased me. These people told me where I was at. And I came down the next day and signed up for the program. I believed what the people said I knew they would not play games on me.

Chairman PEPPER. That is the Seed program?

Miss MACDONALD. That is right. If I did not want to hear it, I heard it anyway.

Mr. PHILLIPS. And you got straightened out?

Miss MACDONALD. That is right, I have been straight 15 months now.

Mr. PHILLIPS. Prior to that time, you had been using drugs of one sort or another for a period of 3 years?

Miss MACDONALD. I was using drugs for 5 years. I was strung out on heroin for about 3 years.

Mr. PHILLIPS. When you say strung out, you mean addicted?

Miss MACDONALD. Addicted.

Mr. PHILLIPS. Could you tell us a little about the other programs you went into?

Miss MACDONALD. I was in Coral Ridge Psychiatric Hospital for a month.

Mr. PHILLIPS. What precipitated that?

Miss MACDONALD. My parents brought me in there. My mother was going to kill herself and I gave her a hard time. So they put me in Coral Ridge, and I stayed there for a month. I told my father he was wasting his money. It was costing him $100 a day and I was stoned every day. I was staying stoned and I said, "It is a waste of your money." So I got out of there.

We went to a psychiatrist. All we did was talk about the food in Germany. So I did not really particularly care for that. He was a German psychiatrist.

I tried Turning Point.

Mr. PHILLIPS. You say you went to a private psychiatrist and he was absolutely no help?

Miss MACDONALD. No, he was not. It was at Coral Ridge Hospital. I was, I would guess you would say, living there for about a month.

I went to a couple of others, went to a place at Pompano, Turning Point. I went there for a few sessions. They were not sure whether they were going to take me or not. Whoever I was speaking to was not very honest with me and I guess I was not too sincere about getting straight anyway. So they would not accept me and I walked out.

I went to a place in Boca Raton, where they had once a week meetings and I ended up selling dope and getting stoned and selling dope to all the other kids there, because I knew them all.

I went to Family Services.

Mr. PHILLIPS. You fairly made the rounds of the whole services?

Miss MACDONALD. Yes, I think I hit just about every place. When I came to the Seed, it was something like—my parents got to the point, well. "I do not care whether you really go or not." It just got to be another thing where I would walk out.

I went down there and this was a decision I made on my own. I was getting pretty fed up with the way I was living. I was really unhappy and I was tired of just running all the time, running all over the place. My apartment had gotten busted in Atlanta. I had a lot of people after me.

When I got down there, when I first went in, it was like a new kick; getting straight, we will see what it is like, getting away from the heat and so on. After a couple of weeks, I kept saying, "Well, I will leave tomorrow and go back up north tomorrow." And I never went back up north. I just stayed. I do not know why or anything else, how it came about. And I had no intention of getting straight. I thought getting straight was you could not do any more junk; you could do everything else but you could not do junk any more.

Mr. **Phillips.** Your conception of getting straight was just knocking off heroin and staying on everything else?

Miss **MacDonald.** Right; I found out there was a lot more to getting straight. It was getting off everything, really putting your life together and starting everything all over again, standing up on your own two feet, doing right things for yourself.

Mr. **Phillips.** Thank you, Miss MacDonald.

Mr. Pellegrini, could you tell us when you first got involved with drugs?

Statement of Larry Pellegrini

Mr. **Pellegrini.** I was in seventh grade.

Mr. **Phillips.** In what school?

Mr. **Pellegrini.** At the time, I was attending North Miami Junior High.

Mr. **Phillips.** Tell us how you started with drugs in North Miami?

Mr. **Pellegrini.** Well, for a long time, you know, I hung around with, like, mostly older guys. I wanted to be, you know, accepted by these guys. I was telling them I was on drugs, too, you know, but I really was not. One day we were at Greynolds Park and everybody was getting high. I could not back out because I had told these people I was getting high. And I just could not do it so you know, I had to smoke pot.

Mr. **Phillips.** In other words, you were bluffing a little, telling people you were really into drugs, kind of bragging about it?

Mr. **Pellegrini.** Actually, I had never touched it. I did not even know what it was like at the time.

Mr. **Phillips.** How old were you then?

Mr. **Pellegrini.** I was 13, 14.

Mr. **Phillips.** You told them that till there was a time when they had some drugs?

Mr **Pellegrini.** Right.

Mr. **Phillips.** What type of drug was it?

Mr. **Pellegrini.** It was pot.

Mr. **Phillips.** Did you ever use any other drugs?

Mr. **Pellegrini.** Yes; I used everything from pot to heroin.

Mr. **Phillips.** Did you progress up the ladder?

Mr. PELLEGRINI. Yes; I started out smoking a little pot now and then. Then I, like, started smoking pot every day. Then I started—I think I started on acid. I was in eighth grade when I got on LSD.

I changed schools. By this time I was going to Norland Junior High. All the kids I started hanging around with were already into drugs pretty good, so to be accepted by them, I had to do more than smoke pot, so I started LSD.

Mr. PHILLIPS. Where did you get the pot and where did you get the acid?

Mr. PELLEGRINI. At the time, I was getting my pot and acid in school. I would say, like, I would see the kids in school and say, "Let's go get stoned." At that time, I was not really into it too heavy.

Mr. PHILLIPS. Did there come a time when you started to get into it more heavily?

Mr. PELLEGRINI. Oh, yes; like, for the last like maybe 2½ years, I was getting stoned on pot every day; I was going downers at least three times a week, before I went into school every day, and before I started getting into heroin maybe a year or a year and a half ago.

Mr. PHILLIPS. Tell us what downers are.

Mr. PELLEGRINI. It is a depressant. Want me to name some?

Mr. PHILLIPS. Yes.

Mr. PELLEGRINI. Nembutas, Seconals, Cibas.

Mr. PHILLIPS. Where would you get all of these?

Mr. PELLEGRINI. I used to work in Pier 1 Imports. That is when I started getting into downers heavy. I used to steal out of the store. I knew a lot of older people, like in their 20's, 30's. They would come in there and pick out things they wanted me to steal, and they would in turn give me dope, mostly downers. At the time I enjoyed downers.

Mr. PHILLIPS. What effect would they have?

Mr. PELLEGRINI. When I first started doing them, I could eat one and it would be sort of like being drunk. Toward the end, I would have to eat like five, six, or seven, just to get me nice and high. That was on top of the shooting junk.

Mr. PHILLIPS. You say you also had occasion to shoot junk?

Mr. PELLEGRINI. Right.

Mr. PHILLIPS. Tell us about that.

Mr. PELLEGRINI. Well, the first time I got into it I was going up the coast surfing. One of the kids in the car, he was the only one in the van that did junk. He pulled out his syringe and bag of dope. He asked me if I wanted to get off. There again, I had lied and said I had got off, you know, before this. So, you know, I did not want to say no, so I said, all right. And like, I got pretty sick. I puked and I threw up.

Mr. PHILLIPS. Why did you continue after the bad experience, the initial one? Why would you try the second one?

Mr. PELLEGRINI. It is like a new thing, you know, to be cool—mostly to be cool. Because like by this time, people were looking up to the junkies and I looked up to junkies, you know. So I said, I want to be a junky so people would look up to me.

Chairman PEPPER. You are talking about taking heroin, you looked up to the ones who took heroin?

Mr. PELLEGRINI. Right. I always did.

Mr. PHILLIPS. Maybe you could tell us why you looked up to a junky? Why you looked up to a guy shooting junk?

Mr. **Pellegrini.** It is hard to say. It seemed like they were the ones with all the chicks, you know, everything is cool with them. You know, like they just got it made, it seems like. I do not know, there is something about it. It is hard to put into words.

You know, it seemed like they always had a lot of friends, all the chicks would go around with them, all the guys would look up to them, talk about them, say, you know, this guy is cool. So I figured I wanted to be like those people.

Mr. **Phillips.** Did there come a time when you would really go into school stoned, under the influence of a number of drugs?

Mr. **Pellegrini.** I can say since 10th grade, there was not—I cannot name no more than maybe 2 days that I went straight.

Mr. **Phillips.** Can you tell us what the reaction of teachers was to that?

Mr. **Pellegrini.** Well, mostly, like, I would go to school, like I usually went to two classes like every day, because one was shop and I could skin out of that. You could go to get something to eat and no sweat. The other was phys ed, because you do not do anything. But the other classes, I would just sit and nod out or fantasize the whole time.

The teachers—I do not see how they could not know it, you know. Because my eyes were shot and everything was, and a few teachers would say, you know, stoned again, and I would just look at them and, you know, there is not much I could say. And that is all. I never got into trouble for it. I would see the assistant principal. I was called down to his office many times, really spaced out.

Mr. **Phillips.** What would he say to you and what would you say to him?

Mr. **Pellegrini.** Well, it was not for drugs. Usually if somebody got busted, he would come to me and ask me about it. One time my friend got busted on selling downers to me. I had to go into the office and I was on downers at the time. He asked me if I knew anything about it and I said no. I just denied it. I do not know if he believed me or not. I do not know. Nothing ever came of it.

Mr. **Phillips.** In other words, there were a number of teachers who observed you, knew you were on drugs——

Mr. **Pellegrini.** Right.

Mr. **Phillips.** But nobody did anything about trying to get you organized?

Mr. **Pellegrini.** Right. Like, I never got suspended for it. In my 11th or 12th grade, I cannot really remember going to school that much. I would skip constantly. I would forge notes to get back in class and they knew it. It just never happened.

Mr. **Phillips.** Did you buy your junk in school?

Mr. **Pellegrini.** Well, like, when I was going to Norland, at the time I was doing junk, I knew a lot of kids in that school but they were not on junk. It was usually the black people, you know. I would go and talk to them. They would not bring junk to school. I would go down to Liberty City or Carroll City or Hialeah. But I would get off before school.

Mr. **Phillips.** You say that so far as heroin. How about as far as downers?

Mr. **Pellegrini.** Plenty.

Mr. **Phillips.** That were being sold in school?

Mr. **Pellegrini.** Right. Like, you know, I can get everything from pot to cocaine in school; no sweat, you know.

Mr. **Phillips.** You say that condition exists today? Right now?

Mr. **Pellegrini.** Oh, yes.

Mr. **Phillips.** What percent, if you can estimate it, of the kids in junior high school are on downers or some other halucinogens?

Mr. **Pellegrini.** It is hard to say, junior high. I really do not remember back that well. In the last years, I have been in a fog, just about. But I would say in my junior high days, I can honestly say maybe 50 percent, but there may be more or may be less. But the kids I knew, or the kids when I was there, I would say about 50 percent.

Mr. **Phillips.** How about the kids in the high school?

Mr. **Pellegrini.** I would say a good 90 percent.

Mr. **Phillips.** Ninety percent?

Mr. **Pellegrini.** I would take my homeroom or any of my classes and I would count the straight kids; I would come up with maybe four, five at the most; I would come out of the whole class maybe 35 kids.

Mr. **Phillips.** You say you were selling drugs at the school?

Mr. **Pellegrini.** Right.

Mr. **Phillips.** What type of drugs were you selling?

Mr. **Pellegrini.** I sold pot, THC, downers, uppers; whatever I could get my hands on.

Mr. **Phillips.** In other words, anything you could get your hands on, you sold?

Mr. **Pellegrini.** Right. I never sold heroin in school. I did sell heroin, but never in school.

Mr. **Phillips.** You said you had some other kids working with you?

Mr. **Pellegrini.** Oh, yes.

Mr. **Phillips.** Would you tell us about that?

Mr. **Pellegrini.** I met older people through Pier 1 Imports. I would ask them for pot or whatever kind of drugs they had. I was in with this other kid and I would front most of it out to him and he would front it to other kids. So we had maybe four or five people selling this one certain drug for this one certain guy. All the money would come to me and I would give it to this one certain person.

Usually, I would have a lot or, you know, whatever it was so there would be enough to go around.

Mr. **Phillips.** Therefore, you did not do too much stealing besides that?

Mr. **Pellegrini.** Oh, yes; I stole constantly. First, I started breaking into cars for tape decks. Then I started breaking into houses. Then I went all around to armed robbery.

Mr. **Phillips.** How many burglaries or breaking into houses would you get involved in?

Mr. **Pellegrini.** Twenty, twenty-five; I cannot really say.

Mr. **Phillips.** How many armed robberies?

Mr. **Pellegrini.** I would say anywhere between 12 and 14.

Mr. **Phillips.** Can you tell us what type of place you robbed?

Mr. **Pellegrini.** They were 7-11's, convenience markets, you know, farm stores, things like that.

Mr. **Phillips.** In other words, you and the bunch of the other fellows——

Mr. **Pellegrini.** No; just three of us. One drove and two of us went up to the store.

Mr. **Phillips.** Did you have a weapon?

Mr. **Pellegrini.** Yes; we had a .38.

Mr. **Phillips.** And you actually went in and robbed a number of 7-11's here in Miami?

Mr. **Pellegrini.** Right. In Miami and up in Davie. We would try not to do it too close to our homes, because people would recognize us. We would go down to South Miami or up to Fort Lauderdale, up in that area.

Mr. **Phillips.** Could you tell us how much money you got out of this?

Mr. **Pellegrini.** We got out of this one convenience market over $700.

Mr. **Phillips.** What did you do with the $700?

Mr. **Pellegrini.** Bought dope.

Mr. **Phillips.** Some of these robberies were not worth that much money?

Mr. **Pellegrini.** No. Well, the worst we had was $48 and it was a waste of time, so to speak.

At the time, you know, it didn't really bother me. I wasn't worried about anything. I didn't even think about, you know, getting shot or getting thrown in jail, spending the rest of my life in jail. I was too much interested in getting my dope. It didn't really mean much to me; it didn't really.

Mr. **Phillips.** When you stole things from houses, did you steal anything or just money?

Mr. **Pellegrini.** No; we stole everything we could get our hands on. Really guns, because we could go down to Liberty City and trade in guns for dope. We could go down to Liberty City with a .38 and trade it for about a hundred dollar value.

Mr. **Phillips.** When did you first get arrested?

Mr. **Pellegrini.** The first time I got arrested I was at a convention and I was stealing tapes out of cars. I got caught and I escaped from the police and they caught one of my friends. So I had to go back. And I had two felonies against me. I went home. I got out of jail and everything.

Then one night I came home really late and my mother kicked me out of the house. I was gone for a week and during that week, I got arrested two times—once for like public intoxication. I was walking down Miami Beach and we had gotten off on some liquid seconals and we couldn't walk too good, so we got picked up. Ten minutes after I got out of jail, I got picked up for vagrancy, disorderly conduct, and spitting on the ground. That is no lie.

Mr. **Phillips.** I think you told us previously that you were even able to get some dope in jail.

Mr. **Pellegrini.** Oh, yes. When I got busted, I was sitting in jail and one of the cells I was in, one of these—it was some dude that was in there, he was able to get $100 value cocaine in there and he was afraid to hold on to it. So I told him I would take it. I was getting loaded in there and when I went upstairs to the second floor, there were downers going around, passing out downers, smoking pot.

Mr. **Phillips.** What is the second floor?

Mr. PELLEGRINI. It is the second floor of the jail.

Mr. PHILLIPS. I am not familiar with the second floor.

Mr. PELLEGRINI. That is after, like the first floor is holding cells. After you get booked and printed they take you upstairs.

Mr. PHILLIPS. Was it you or Miss Pace who told me that the high school is sometimes called the "pharmacy."

Mr. PELLEGRINI. It wasn't me. But that is true, the "drugstore."

Mr. PHILLIPS. In other words, the high school is referred to as the "drugstore."

Mr. PELLEGRINI. Right.

Mr. PHILLIPS. Could you tell us what happened to your cases in court?

Mr. PELLEGRINI. The one I escaped from the police from, I got probated and put into the Seed; and the other ones, I just got off. I had to pay a fine on one. The other one, that public drunkenness, I just got lectured. I was arrested again up in Boca Raton. I gave them a false name and all this and I never went back to court.

Mr. PHILLIPS. You say you got probated. Would you tell us about that?

Mr. PELLEGRINI. I was given a 3-year probation. One of the conditions of my probation is that I must complete the Seed program.

Mr. PHILLIPS. Some judge did that?

Mr. PELLEGRINI. Right, Judge Turner.

Mr. PHILLIPS. He said if you didn't complete the Seed program, you would go to jail?

Mr. PELLEGRINI. Right.

Mr. PHILLIPS. Apparently, you prefer the Seed to jail?

Mr. PELLEGRINI. Right.

Mr. PHILLIPS. Could you tell us about your reaction to the Seed program?

Mr. PELLEGRINI. Like everybody else, there was no way I was going to get straight. I even told my lawyer that I would rather go to jail. But they wouldn't let me go to jail, which thank God, I didn't go. But I was sitting there for awhile, you know. I figure if I am going to get out of here, I have got to do something.

So I just started conning. But it didn't work. They knew I was conning. I sat there for the first few days saying nothing. So I didn't say nothing. I just listened to everybody talk. But my fourth day, when I was able to relate and talk and everything, I just said to myself. hey, if I am going to get somewhere, I am going to have to say a bunch of nice words, you know. So I started saying a bunch of nice words.

So they caught me. They didn't let me get away with it. I more or less conned myself into getting straight. I really did. I still today don't believe I am still straight.

Mr. PHILLIPS. After the story you told me, I have a hard time believing it, too.

Mr. PELLEGRINI. It is good being straight, it really is.

Mr. PHILLIPS. How long have you been straight?

Mr. PELLEGRINI. For almost 3 months now.

Mr. PHILLIPS. And you are going to stay that way?

Mr. PELLEGRINI. Forever.

Mr. PHILLIPS. Miss Pace, perhaps you could tell us a little about your background. Where did you go to school?

Statement of Sally Pace

Miss PACE. Plantation High School.

Mr. PHILLIPS. Where is that?

Miss PACE. In Plantation, near Fort Lauderdale.

Mr. PHILLIPS. I am from New York, so you will have to tell me. Tell us how old you were when you first became involved with drugs.

Miss PACE. When I was in ninth grade. I started drinking before I ever used any drugs. I got drunk and I walked down the middle of the road and fell down in the middle of the road and almost got hit.

Then the police pulled up and I knew him and he was good friends with all the kids around the school campus. He just said, "Oh, go home and sleep it off," and he thought it was real funny. He laughed about it. And he had to smell it on me, because it was spilled down the front of me. I was really drunk.

Mr. PHILLIPS. How old were you then?

Miss PACE. I was either 13 or 14. I can't really remember that well.

Mr. PHILLIPS. How old are you now?

Miss PACE. Sixteen.

Mr. PHILLIPS. Can you tell us whether you ever got involved with pot?

Miss PACE. Yes: one day we had assembly at school. I had been hanging around, just like he said. I told him I had already used drugs when I never had, because I wanted him to like me. So we walked off campus about two blocks and there was this friend and we played pool and got stoned.

Mr. PHILLIPS. On what?

Miss PACE. On pot.

Mr. PHILLIPS. That was the first time you got involved with anything at all?

Miss PACE. Yes.

Mr. PHILLIPS. Was it the school friend who turned you on?

Miss PACE. Yes; I knew them from school. They were in my classes.

Mr. PHILLIPS. How old were they?

Miss PACE. A couple of them were older and they had been put back in my classes and a couple of them were the same age as me. There were five of us counting me.

Mr. PHILLIPS. You were all 13 or 14 years old, possibly 15?

Miss PACE. One guy was 17. I don't know. I think he was using heroin at the time. I am not sure. I know he is now. He went to prison for awhile now, I heard, through somebody. He is going to prison now.

Mr. PHILLIPS. At Plantation High School, what percentage of the kids do you feel are involved with drugs?

Miss PACE. At least 80 percent.

Mr. PHILLIPS. What type of drugs are those kids involved with, in your experience?

Miss PACE. Well, there are not too many young kids at our school—you know, heroin addicts. The most prevalent drug, I would say, is downers. Downers and the psychedelics—tuinal, seconal, phenobarbitals. Everybody smokes pot at the school. They don't think anything of that.

Mr. PHILLIPS. Did you progress from pot?

Miss PACE. Yes, pot was the start for me. First I smoked pot and then my girl friend was doing chemicals. She was using psychedelics. Then

I decided I was going to use mescaline. I got stoned on that and I liked it. And I kept on using psychedelics and I used downs and speed. But I didn't really like the downs that much because they were really depressing. I used a pretty lot of speed. But more than anything else, I used more LSD. I used a lot of that.

Mr. PHILLIPS. Where would you use it?

Miss PACE. School.

Mr. PHILLIPS. You would actually take it right in school?

Miss PACE. Yes; whenever I wanted to. Either I would get stoned before school or, if I didn't have it with me before school, I would get stoned in school. You could get it anywhere in school, because a lot of times kids would come with their vans on campus and sell drugs. Or like my boyfriend, he had to be in it, he was coming on campus, and I was selling drugs for him in school. He couldn't walk down the halls because he was a little bit older than most of those kids and they would have kicked him out for trespassing.

Mr. PHILLIPS. Were you the only one selling for him?

Miss PACE. No.

Mr. PHILLIPS. How many kids did he have selling for him?

Miss PACE. About five or six kids. Probably more than that. I don't know. He never really told me too much of what he did, because he was involved with some people that weren't very nice and he didn't talk about it too much.

Mr. PHILLIPS. He was getting his drugs from someone else; is that correct?

Miss PACE. Yes, he was getting his drugs, I think from here in Miami. I am not sure. He talked about that a lot.

We were supposed to come down here to pick up a couple of pounds of pot one time, but I never made it. I got busted first. But I know he had a lot of connections down here.

Mr. PHILLIPS. Could you tell us what type of drugs were available in the school that you were selling, or people were buying in school?

Miss PACE. I sold pot a little bit, but I sold acid and mescaline and THC. I gave away my downs. I used to swipe them off my dad, in his cabinet, and I would give them away, because I wanted everybody to like me.

Mr. PHILLIPS. In other words, you were giving drugs away to your friends because you wanted them to like you?

Miss PACE. Yes, I didn't want them. I didn't like downs.

Mr. PHILLIPS. You were popular, I guess, as a result of it?

Miss PACE. Not really. No; no one was really a friend anyway. There wasn't really any such thing as popular. In drug users, it is who is the toughest and who does the most dope; they are the most popular.

Mr. PHILLIPS. Within the drug group, the one who takes the hardest stuff and the one who takes the most stuff is the person you admire. He is the toughest guy and the biggest guy?

Miss PACE. Supposedly, yes. A person who doesn't show his emotions, can be real hard, real controlled, real tough. He is looked up to by everybody else, or else it is the clown, the joker, who is real funny, the smart aleck. People put on all kinds of acts when they are using drugs to try to be accepted.

Mr. PHILLIPS. You were the one who told me about the school being called a "pharmacy"?

Miss **Pace.** Yes.

Mr. **Phillips.** Is that commonly used?

Miss **Pace.** Yes, that is common. They have got all sorts of names for all the schools.

Mr. **Phillips.** Would you tell us about some of the names for some of the schools?

Miss **Pace.** We called ourselves Plantation Pharmacy and they called MacArthur "MacArthur Drug Store"—something like that. I don't know. They just had all kinds of names. I never really went to other schools, but I heard the other kids talk about it. They would laugh and joke about it.

Mr. **Phillips.** You got stoned regularly in school?

Miss **Pace.** Yes.

Mr. **Phillips.** And other kids got stoned regularly in school. What was the reaction of the teachers and the administration?

Miss **Pace.** Well, they would try. Most of my teachers didn't really bother me. They would let me sleep or do whatever I wanted. Usually, there were a couple of classes, like I could get away with skipping, telling the teachers some story. They would believe me. Or else I just skipped the whole day and I wouldn't come at all, then I would come home and tell my mom I went to school. She wouldn't know the difference. I had one of my friends who was older, with a man's voice, call up and say it was my dad and I wasn't going to be in school today, I was really sick.

Mr. **Phillips.** Did you actually get stoned in school?

Miss **Pace.** Oh, yes; in the bathroom—smoke pot in the bathrooms—drop acid, all sorts of stuff like that.

Mr. **Phillips.** Is that true of the other kids as well?

Miss **Pace.** Yes, everybody would.

Mr. **Phillips.** It is a common practice?

Miss **Pace.** Yes, because everybody would try to get to the bathrooms between classes to see if anybody had any dope, to see if anybody had anything in the bathrooms, because it was so common. If you wanted to get stoned, that is where you went. Or else out in the parking lots. The parking lots are really bad. They are one of the worst places, because nobody can really sneak up on the kids in the parking lots and they would know what they are sneaking up on them for anyway. A lot of people don't know what to look for, the signs, who is using drugs, who is not. We used to use drugs out in the parking lots all the time—smoke pot, sit in the cars, and get stoned, or deal.

By the way, my mom is a teacher.

Mr. **Phillips.** Does she teach here in the school system here?

Miss **Pace.** Yes, she teaches at Roger Junior High. She teaches seventh and eighth grade English.

Mr. **Phillips.** Could you tell us whether you ever got stoned at home?

Miss **Pace.** Not while she was there.

Well, I got stoned while she was there, but not while she was in the room. I was stoned when she was in the room. But I would go in the bathroom and get stoned. They would leave for weekends and I would stay with a friend supposedly and we would just have parties at my house.

Mr. **Phillips.** Did you ever get arrested?

Miss PACE. Yes.

Mr. PHILLIPS. Would you tell us about that?

Miss PACE. I was dealing in school and I sold some chick some bad acid. She flipped out and they had to carry her down to the office. So she told on me, because she wasn't too sensible at the time. She didn't know what she was doing, really. So the police came and got me out of class, the dean did, and took me in the office. The police searched me and found acid and pot on me.

They took me down to the police station and booked me for sales and possession, two counts of possession and sale.

Mr. PHILLIPS. That was as a result of this girl having an overdose, or at least a severe reaction to acid?

Miss PACE. Yes. I was stoned at the time, but I don't even think they knew. They didn't act like it. I was really obnoxious.

Mr. PHILLIPS. Could you tell us what happened after that?

Miss PACE. Well, I had been going to the psychologist the summer before because I had been caught out where I ride my horse smoking pot. He told me that he smoked pot, too.

Mr. PHILLIPS. Who?

Miss PACE. My psychologist. I don't know if he did or not, but that is what he said. He never really held me. All he would do is feel sorry for me. I could tell him any kind of lie and he would never see through it. He didn't really know what he was doing. He didn't really know how to handle the situation.

So when I got busted, my parents said, "We want you to go down and talk to him." I argued with them for a long time because I didn't want to have anything to do with him. I was ashamed to go see him because I was afraid what my friends would think if they knew I was going to a psychologist. They would think I was crazy or something.

He recommended the Seed. He said, "Why don't you send her to a drug rehabilitation center?" I really fought my dad against it. I said, "I don't really need to get straight, I will be good now," blah-blah. I started to try to pull the role on him. He was fed up and he said, "If you are not going to go down there and walk in, I am going to tie you up and carry you in." I knew he would do it so I said, "All right, I will walk in."

So I signed up for the program. I didn't want to get straight, so I pulled a bunch of cons, and I would pretend I wanted to get straight, I would stand up and say getting straight is the best thing in the world. They knew I wasn't sincere, because the impact wasn't in the word, and it was in my eyes that I didn't mean what I said.

I have been straight now for 16 months.

Mr. BRASCO. Sixteen months?

Miss PACE. Yes.

Chairman PEPPER. You didn't get to heroin?

Miss PACE. No; I was supposed to, but I got arrested first.

Mr. PHILLIPS. Thank you.

Chairman PEPPER. Mr Brasco?

Mr. BRASCO. I want to comment first, Mr. Chairman, and I believe I speak for the committee. We owe you, indeed the country does, a great debt of gratitude for initiating these hearings and bringing to the public the immensity of this problem. I hope that people realize the best we can do is start a brush fire and that people have to listen and pick it up and not forget about it after the congressional committee leaves their section of the country.

I suspect that the four young people before us are an indictment of the public education system and a testimonial for the Seed program, which we had an opportunity to see last night. I must say I have seen enough things in the courtroom, first as a legal aid attorney, then as a prosecutor in New York to make me skeptical about programs. So when I went to your program I didn't expect too much. I don't know what you have got there, but you have got something. I still haven't been able to find out what it is. But it is apparent it works. [Applause.]

Miss **Pace**. That is right.

Mr. **Brasco**. Let me ask all of you, collectively, have any of you, while you were in school, seen a guidance counselor?

Misses **Ryser**, **Pace**, and **MacDonald**. Yes.

Mr. **Brasco**. Could you briefly tell us about your experience with the guidance counselors in school?

Miss **Pace**. When I was in ninth grade I had a friend that flipped out really bad on acid. My grades were getting really bad, E's and incompletes. He screamed and yelled and he cried, and we were out by a lake far away, and he drank beer and then acid at the same time—he combined the two. It really upset me and I was really worried about what was going to happen if he kept on doing drugs. At the time I was only smoking pot and I thought it was really terrible to do chemicals and I was never going to do them.

So I went in to talk to this man about my grades supposedly and I told him about it. He said, "Well, that is nice." He said, "If you want to talk to me any more, you can come on in."

He said, "I wouldn't worry about your friend. You can talk him out of it if you really want to."

Mr. **Brasco**. Did you tell the guidance counselor that you used drugs?

Miss **Pace**. I didn't tell him that I used drugs.

Mr. **Brasco**. Did he at any time tell you it was wrong to use drugs?

Miss **Pace**. He insinuated it. He didn't really say outright that it is wrong to use drugs. But, he thought that the whole thing was terrible. But he really wasn't concerned and he really didn't act like he really cared. Because if he really cared, he would have talked to me more and tried to find out something, but he really didn't.

Mr. **Brasco**. How about you, Lybbi?

Miss **MacDonald**. When I was going to public school, I worked in the dean's office so I had everybody pretty well conned there. But when I was in my senior year in school, they didn't have a guidance place. They had like a principal or whatever. They tried to talk to me, but they were pretty scared of me, I guess, because I would fly off the handle and throw a few fits here and there. They really just stayed away from me and more or less said, "Do what you have to do." They made it more or less so I didn't have to go to school. I only needed one credit to graduate, so I only went to school for 1 hour a day and stayed away as much as I could.

Mr. **Brasco**. Did you discuss your drug problem with them?

Miss **MacDonald**. No. They knew I was using drugs. They said, "We know what you are up to."

Mr. **Brasco**. Did anybody tell you it was wrong or refer you to any kind of treatment program?

Miss MacDonald. No. One place my parents called, the Starting Place——

Mr. Brasco. I am not talking about your parents, I am talking about the school.

Miss MacDonald. The school? No.

Mr. Brasco. How about you; did you ever discuss your problem with the guidance counselor at school?

Miss Ryser. When I was in the seventh grade I used to skip out every morning and I would sit with my guidance counselor every morning for the whole period, all year. We used to just sit around and talk. Our home room was the only one that had that period. We used to sit in there and talk about everything. We used to tell him what we did and how we got stoned the other night.

Mr. Brasco. Didn't anyone at the school ever tell you it was wrong?

Miss Ryser. At first, he didn't want to talk too much about it. He tried to just change the subject. After awhile, he would talk about it and change the subject and laugh.

Mr. Brasco. No one ever said anything?

Miss Ryser. No.

Mr. Brasco. How about you, Larry?

Mr. Pellegrini. I used to know my principal pretty good. He knew I was on drugs but he never said anything about it. All my friends were getting busted. He used to see me every day. I used to go into his office smelling of pot and he would give me something to put on.

My guidance counselor, I couldn't ever get to see her, you know. She was always busy.

Mr. Brasco. During the course of these hearings we had an opportunity to speak to a number of professionals in the school system concerning this area. One individual yesterday at Drew Junior High School, a teacher, said he was trained in human behavior and part of that training led him to a belief that indicated while he wouldn't approve of drugs, he wouldn't disapprove of use of drugs in talking with a student who had problems in this area. It seemed to me that the argument went something like he had to build a relationship with the student, which means that you don't report or do anything about someone you know is using drugs. As far as I'm concerned, it is a negative approach. I would think this teacher was more concerned about being popular among the students.

I don't think that is a good approach. I think what they were doing is telling the kids what they wanted to hear and that is not necessarily the best thing.

Do you think that is a good approach?

Mr. Pellegrini. What it is nowadays, the teachers are afraid to do anything, because right away, the parents don't want to hear it. [Applause.]

The teacher doesn't want to risk her reputation just for one kid.

Mr. Brasco. Do you think that approach is a helpful approach in the schools, telling the kids what they want to hear?

Mr. Pellegrini. No. It just justifies their wrongdoing, that is all.

Mr. Brasco. It seems to me to be a case of the blind leading the blind.

Miss Pace. Can I say something?

Mr. Brasco. Yes.

Miss Pace. My mom knows a lot of kids in her classes when they are stoned. She doesn't tell them what they want to hear. She tells them they should go to the Seed and she will call up their parents and do whatever is necessary to get them help. If she is risking her job, my mom feels it is a little more important, somebody's life.

Mr. **Brasco.** Apparently, she has what you have got. I hope it is catching. We need a little more of that.

Let me ask you, Lybbi, you say you went to school in New York, out on the Island?

Miss **MacDonald.** That is right.

Mr. **Brasco.** And it was apparently, as far as you could determine, drug free until you and two other friends of yours introduced drugs to that school. Could you estimate approximately how many people you turned on personally during the time you were using drugs?

Miss **MacDonald.** How many I turned on?

Mr. **Brasco.** Yes; just an estimate.

Miss **MacDonald.** I don't know how I could estimate that. A lot. There were at least 150 in that school. I know that. Addicts will turn on little kids 7 years old, 5 years old. People they are living with, their little brothers and sisters, I really couldn't give you an honest estimate.

Mr. **Brasco.** When you turned the young ones on, that obviously wasn't for money? You didn't get any money for it?

Miss **MacDonald.** No.

Mr. **Brasco.** It is a kind of thing I have not been able to put my finger on, except that you can best describe it as misery loves company?

Miss **MacDonald.** Right. If you are going to do wrong, you want everybody else to go down with you.

Mr. **Brasco.** Let me discuss this apropos of what we have been discussing. I have asked this of a number of educators and they seem to be up tight about it. But I have become more and more convinced that if you could identify—and I know when you give an estimate of 75 and 80 percent, you are not talking about everybody being addicted, you are talking about experimenters, people that use it occasionally—but if we could identify those addicted to heroin or other drugs—I am talking about those addicted—should we allow them to remain in a healthy school population or should we educate them and treat them separately? It is my contention that this is socially contagious. I am not talking about putting them on a shelf. I am talking about having an alternate system of education so they don't have the opportunity to infect others and can get more attention and more help in a more concentrated program.

Miss **MacDonald.** One thing is if you separate them the people are going to do it anyway because they know about heroin. So it is not going to do anything to separate them. At Seed, everybody is together. If I had been separated with a bunch of junkies in one program, everybody would sit around and con each other, because no junky is going to be——

Mr. **Brasco.** You are separated at Seed?

Miss **MacDonald.** No, everybody is together. It is not like junkies are here, speed freaks here, acid heads here. But as far as separating junkies, taking them out of school, I think they should have a Seed program.

Mr. **Brasco.** I know you are committed to the Seed program and I am not suggesting which program one should institute. My point is, should we allow people that you were selling drugs to, newcomers, should we allow that to occur by allowing a known addict to go to school and possibly infect 150 students?

Miss **MacDonald.** No; but whether it is a known addict or not, just about every kid sells drugs. The only thing you could do to them is——

Mr. **Brasco.** What do you recommend we do?

Miss **MacDonald.** Start cracking down on schools and making teachers do the right things, make everybody not so worried about losing their job. I think it is more important. If somebody doesn't do something soon there isn't going to be any school; there isn't going to be any generation left. Everybody is going to be dead or in jail and unless people stand up and say what they believe, start doing something, there won't be anything you can do in 5 years because there won't be any generation left.

Mr. **Brasco.** None of you went, apparently, to the Seed program voluntarily?

Miss **MacDonald.** I went voluntarily.

Mr. **Brasco.** You went to a meeting, but the other three went as a result either of court action or, as Sally said, your father threatened to tie you up and take you, so you decided to go there.

Suppose we had an expansion of, say, Seed programs, would you recommend a program of involuntary commitment for drug abusers?

Miss **MacDonald.** Yes.

Miss **Pace.** Yes.

Mr. **Pellegrini.** Yes.

Mr. **Brasco.** Do you think we ought to wait for drug abusers, so to speak, to get religion and come in?

Miss **MacDonald.** No way.

Miss **Pace.** No way.

Miss **Ryser.** No way.

Mr. **Pellegrini.** No way.

Mr. **Brasco.** There are a number of people who think what we should do is let them stand around on street corners until they make up their minds.

Miss **MacDonald.** No; if you do that they will never do it; they are not capable of making a right decision for themselves. They have to be forced into a situation if they are older. If they are not a juvenile, if they get arrested, then a court can send them in; or a counselor of a court can send them in. They can say, "If you don't go to the Seed or whatever program, if you don't get straightened out, then you don't come back to school." The same way with the court—if they don't get straight you put them in jail.

Mr. **Brasco.** In other words, you are talking about more discipline?

Miss **MacDonald.** That is right.

Mr. **Brasco.** The Seed program is discipline, it may be self-imposed, but it is a disciplined program?

Miss **MacDonald.** Right.

Mr. **Brasco.** I think we may be better off when we understand the difference between discipline and punishment. They are two different things and we often get them mixed up.

Most of you said that while under the influence of drugs—Larry said he didn't care whether he got shot or was arrested or anything—

but I still seem to get the feeling from speaking to people who are actively using drugs that they are always reaching out, looking for someone to help them. I tried the reverse on many occasions and said, "Maybe we ought to teach you how to use it better; maybe you will wind up killing yourself and that will be the end of the problem." And they say, "Oh, no; there you go again; that is not what we want, either." While they appear to be tough and are indeed tough in many ways, they are reaching out for help.

Do you think that is a fair analysis?

Miss **Pace**. I think like anyone that uses drugs, I think deep down inside they want to get straight; everybody, no matter how tough and how hard and how cold they get, everybody wants help, no matter how bad they try to cover it up. People have different ways of asking for help. Because a lot of people have too much false pride to come right out and say, "Hey, I need help. Please help me." They are not going to say that because of their egos and everything else—that blows their act.

Mr. **Brasco**. I want to commend you for forthrightness. Seed appears to be a worthwhile program and one that instills self-worth and value in you so that you are able to come before this committee in open assembly and talk about your problems very openly and candidly. I think that is probably the first thing we have to do, face ourselves and our problems realistically.

Again, I don't know what you have but I do hope you hold on to it, and spread a little more of it around.

Thank you for being here.

[Applause.]

Chairman **Pepper**. Before we take a brief recess here for the accommodation of our reporter, I want to thank not only my friend, my distinguished colleague from Nebraska, because of his kind efforts as chairman but also I think the candor which you young people have achieved. Our committee is obligated to Mr. Rangel and Mr. Brasco, who were the first ones to bring to the committee's attention the gravity of this problem. They brought to Washington a gentleman who made a number of documentaries revealing the extent to which drugs are being used in the schools. We were persuaded by Mr. Brasco and Mr. Rangel that this was a very grave problem and we found a confirmation of that in our subsequent hearings.

We will take a 5-minute recess.

(A brief recess was taken.)

Chairman **Pepper**. The committee will come to order.

Mr. Keating, would you like to inquire?

Mr. **Keating**. Yes, I would. I think it might be well to hear from the other side of the aisle at the moment and say to you that I want to join with Mr. Brasco in congratulating you for your foresight in bringing this committee to Florida.

I might say this is my second trip to Florida on drugs. I came down with Congressman Frey last fall in relation to international traffic in drugs; but this area of drugs in schools, and this committee under your leadership, has been really tremendous. I am pleased as a new Member of Congress to be serving with you in this capacity.

Chairman **Pepper**. Thank you very much. You have been a very valuable member of the committee, Mr. Keating.

Mr. **Keating**. Let me get to a number of questions.

Miss MacDonald, if I may ask you first: There was an occasion earlier that you and two others were able to infect a whole school in the use of drugs by persuasion, by selling, and so on. I was asking you if it is possible that you and others like you who have been down the road and are now members of Seed can reinfect the schools with your attitudes now in a big attempt to change the attitude of all the students?

Miss **MacDonald**. Yes, I think so. If you go back into a school, when the kids do go back to school, they act completely different. They will go back there and they are happy and the people can see it in their eyes and their eyes are sparkly; they are totally different. The hard look on their face is gone; their faces are softened and even their old friends can see change. Just by setting a good example and being yourself, it has a lot of effect on all the other kids. They get curious and they say, "Hey, you know, what's with Harry over here—you know, how come he is so happy; what's going on with him?"

And they come up and say, "Why are you like this?" They say, "I have been going to Seed" or whatever.

I think the attitude can have a great effect on kids, as the peer pressure as far as drugs are concerned has effect on a lot of the kids. I think now when the kids go back to school their effect and their attitudes on themselves as well as on others will have a good effect.

Mr. **Keating**. Is this a great step toward getting us back to an attitudinal change?

Miss **MacDonald**. Yes; I think peer pressure is the one thing that got us on drugs and peer pressure is the only thing that will keep kids off drugs.

Mr. **Keating**. So as your numbers increase and the strength and courage of the convictions of the individuals are strengthened, you feel that this is going to isolate the thought that you have to be cool and you have to take drugs to be cool?

Miss **MacDonald**. Right. Nobody wants to be left out. We have gotten a lot of kids straight and the kids go back and everybody starts to say, "Well, maybe we ought to try it, give it a try, to see what it is like." I feel eventually everybody is going to get straight. I really do. I believe in that. I believe everybody can do it.

Mr. **Keating**. That is really what it is all about.

Miss **MacDonald**. Right.

Mr. **Keating**. All right. Let me ask: In assistance toward the end of getting everyone straight and the development of Seed and the expansion of Seed and the strengthening of the peer pressure toward these goals, what role, in your opinion, can the classroom teacher play in slowing down the spread of drugs within the student body?

Miss **MacDonald**. I think the teacher should speak up. If he knows that one of his students is using drugs he should go to the principal or go to the parents and speak up, say, "Hey, this kid is using drugs." A lot of times they say, "I don't know if I should do this; I could lose my job." We could say, "What happens if the next day the kid overdosed and you had to tell the parents; that is your responsibility. If you know somebody is using drugs and you really believe you can help them, that is your responsibility, your obligation, to really help them, try to better these kids."

Mr. KEATING. In your opinion, the teacher should notify the administrator of the school and also the parent?

Miss MACDONALD. I believe so, yes.

Mr. KEATING. And what is the responsibility of the administrator at that point and also the parents? Let's take it one at a time.

Miss MACDONALD. The administration should at least contact the parents and at least make an attempt and say, "Hey, your kid is using drugs. Here are the things that you could do for your kid." Then I think it is up to the parents to take it from there.

A lot of parents don't want to see their kids get straight; they would rather have sick kids than have them well. A lot of parents do want to help their kids and I think it is their responsibility then, now that they have been made aware of the fact that their kids do use drugs. I think it is their responsibility to take the next step.

Mr. KEATING. So the administrator must support the teachers, the classroom teachers?

Miss MACDONALD. Right.

Mr. KEATING. And that is essential?

Miss MACDONALD. Right.

Mr. KEATING. Otherwise, it can't succeed because of worry about security of job and so on?

Miss MACDONALD. I think, too, if teachers and the administration really work together and everything, whether the parent is cooperative or not, I think if they know this kid needs help and their parents aren't going to do anything, I think the administration should be able to force it, say, "All right, this kid is going to go here and get this help and if he doesn't go there, doesn't go through the program, then he is not going to be accepted back in the school." [Applause.]

Mr. KEATING. Should any sanctions be placed on the teacher for failure to notify or report?

Miss MACDONALD. I think so.

Mr. KEATING. What kind?

Miss MACDONALD. I don't really know, but I think there might be a law saying that. A lot of teachers I know are afraid to go and say to somebody his son or daughter is using drugs, especially if that parent is very close minded and doesn't want to hear it. They can always have them fired.

Mr. KEATING. I sometimes think legislative bodies pass too many laws and much of it can be handled by internal regulation. Internal regulations that were strictly enforced by the administrator on the teacher and by the school board on the administrator and the individual schools might have the effect that I think you are talking about.

Miss MACDONALD. If the teacher has failed to report somebody that is using drugs and they know definitely that they are using drugs, I think the administration should take some sort of action.

Mr. KEATING. An integral part of this successful interplay is the role of the parent or parents; is that correct?

Miss MACDONALD. I didn't understand.

Mr. KEATING. Well, the parents have to be involved in this whole process?

Miss MACDONALD. Right.

Mr. KEATING. What options should be available to the parents? The Seed program is an obvious option.

Miss MACDONALD. Right.

Mr. KEATING. And then?

Miss MACDONALD. Well, I don't know. They should, I guess, go to the Seed; that is one thing they can do. From my own personal experience, I don't know of any other place. There aren't too many options.

Mr. KEATING. However, it does take everyone's cooperation?

Miss MACDONALD. Right. If you have the full cooperation, there is no way a kid is going to be able to get out of it. A lot of times we have parents that don't cooperate at all and still we get the kids straight despite the parents.

Mr. KEATING. Can the student play off the teacher against the parent and the parent against the teacher?

Miss MACDONALD. They sure can.

Mr. KEATING. That is a regular game they play?

Miss MACDONALD. Oh, sure; they play off the teachers against the parents.

Mr. KEATING. And they are fairly successful?

Miss MACDONALD. Not if they are at Seed; they don't get away with it.

Mr. KEATING. I am not talking about Seed. I am talking about the normal course of events in the junior high school.

Miss MACDONALD. A parent is going to listen to their son or daughter before they are usually going to listen to some outsider and the kids can probably get away with it pretty much.

Mr. KEATING. Does this fairly represent what the other members of the panel feel?

(All panelists nod affirmatively.)

Mr. KEATING. Specifically, what can the teacher do in classrooms or in the hallways when he sees someone nodding or who is obviously on drugs?

Miss MACDONALD. Take him down to the dean's office and have the dean talk to him; call in his parents and the parents talk to him; explain the situation to the parents and tell them what their options are.

Mr. KEATING. What about the strictly and purely law enforcement? Should the lavatories be patrolled or the parking lots be patrolled?

Miss MACDONALD. I think so, a little bit more carefully. I know they have people that are in the schools watching kids, security, and also people in plain clothes and everything. It doesn't seem to do much good; it is kind of like a big game. You keep going and see if the police can catch you or not, who can outsmart them.

Mr. KEATING. Aren't you really asking for more discipline——

Miss MACDONALD. Right; it takes a lot of discipline.

Mr. KEATING. And clearly defined regulations so you know if you step beyond that line something is going to happen?

Miss MACDONALD. Right.

Mr. KEATING. Right now, you challenge that line and it keeps moving farther back?

Miss MACDONALD. Right now the kids challenge it until somebody puts his foot down and says something is going to be done.

Mr. KEATING. How many of the panelists are presently in school?

Mr. PELLEGRINI. I am.

Miss RYSER. I am.

Mr. KEATING. How are your grades in school, Mr. Pellegrini?

Mr. PELLEGRINI. This amazed me when I went back to school. Before there wasn't anything I did on my own. I was cheating. Now I am in Seed and I go back here and I have only been back in the school a week and a half and I took two tests and I got B on them; so that is proof right there.

Mr. KEATING. A pleasant surprise?

Mr. PELLEGRINI. Right.

Mr. KEATING. Sally Pace, what is your record now, compared to before?

Miss PACE. I got like all E's and incompletes; I didn't make good grades at all. I was suspended a lot. When I went back I had all C's and B's and I had a couple of A's. This year I am making more A's and B's than C's.

Mr. KEATING. Ann, what is your situation?

Miss RYSER. I got five A's and a B in phys ed since I have been straight. I have had an A average.

Mr. KEATING. What were your grades before?

Miss RYSER. My teacher is here—one of them I used to have. I had straight E's all year.

Mr. KEATING. So obviously the attention to schoolwork, attention to activities, has increased. Is any one of the three of you back in school actively working within your peer group on the drug problem and your friends who are still on drugs?

Mr. PELLEGRINI. Well, when I go to school, I don't talk to these people, because I have nothing in common with them anymore. I just set a good example. I just do the right things for myself. If they see that and like it, they know where they can go.

Mr. KEATING. And you do it your way?

Mr. PELLEGRINI. Right.

Mr. KEATING. Miss Pace?

Miss PACE. I set an example for them. Like my old friends, there is nothing they would like better than to see me get stoned again. They would really like that because I am straight now and they can see that I am happy and that I am starting to stand up on my own two feet and do the right things. They would really like—they try to turn me on a lot and everything. There is just no way that they are going to accept anything that I am going to say to them. They know that the Seed is there; they know about the open meetings.

Everybody in our school knows about the Seed; that is why we said force people to come in because my friends aren't going to come in because they are afraid; they are scared; they know it is going to work.

Mr. KEATING. Is that essentially your feeling?

Miss RYSER. That is the same way I felt, too.

Mr. KEATING. What part does truancy play in this whole business, missing school, missing classes? Is the attendance record rather lax or is it very strict in the taking of attendance in classrooms?

Miss **Ryser**. It was lax.

Mr. **Keating**. If the attendance records are kept at every class, would this be a lead into those who are continual truants and a lead into watching more closely who might be involved in drugs?

Mr. **Pellegrini**. Well, sure, you can take close attendance but if the kid is going to get stoned he is going to get stoned. Even when I did go to class I would get stoned before class or during school; even during phys ed you can go out and get stoned. Even if the kid is in class he may still be stoned; so it has to go further than that.

Sure, that is good, taking attendance, but when I went to class I was loaded every day I was there, but I didn't do anything there because I was stoned. So it has to go further; you have to make sure when you see somebody you have to do something about it.

Mr. **Keating**. Miss MacDonald?

Miss **MacDonald**. As far as attendance taking is concerned, when you take attendance you put the absentees outside the door. I used to work in a dean's office and any of my friends that were skipping, I used to go around and collect all the slips, mark off who was there, who wasn't and I just threw the slips away and nobody ever got caught. You have different hours, different shifts, but usually you have somebody you know on every shift, and nobody ever gets caught because the kids are doing it.

Mr. **Keating**. Are a number of the teachers afraid of the students?

Miss **MacDonald**. I would say so.

Mr. **Keating**. In what way are they afraid?

Miss **MacDonald**. I don't know. My teachers were afraid to say things to me because they didn't know what I would do; they didn't know how I would react. I used to give just about every one of them a hard time and they all hated me pretty much; but I think they are afraid of what the kids could do to them.

Mr. **Keating**. What role, if any, is there for the religious or the clergy in this program for rehabilitation of students, or did they play any role so far as you are concerned?

Miss **MacDonald**. You mean like in the Seed?

Mr. **Keating**. Well, in any way; in the whole drug picture, do you find that they are helpful; they are involved or they are not involved?

Miss **MacDonald**. No, I don't think they are helpful at all. There are a lot of churches. People go to churches and they set up places for kids' recreation and everything, for them to get together. When the kids get together they sell their dope and buy their dope and get stoned right there at the church. The people think they are doing a great job and all they are doing is creating more hangouts for the kids to buy and sell their drugs. So I don't think they are doing any good at all.

Mr. **Keating**. What about the programs that are presently in the school? Have you each had a drug program in school? What do you think of these programs?

Miss **Ryser**. Well, I have seen a drug program in school since I have been straight and all they do is laugh at it and joke it off. But the one I saw was 6 days—3 days of sex and 3 days of drug education. On the third day of the drug education the Seed kids came and spoke to our school. That is the only time that they ever really paid attention.

They laughed it off later because all their friends were with them then, but you could tell that when they all walked out they looked different because when it really hit home with them that they were doing the exact things they knew what they were doing wrong.

Mr. **Keating.** Until the Seed kids came and talked was it pretty good or not?

Miss **Ryser.** It was pretty good if you are straight, but they wouldn't listen. I got a lot out of it. Being straight, I understand a lot more about drugs, a lot more about sex, but nobody else listened to it.

Mr. **Keating.** Miss Pace?

Miss **Pace.** We had all kinds of them at my school. I had one in ninth grade, then I had another one in the 10th grade. We had one in biology and phys ed. They run all sorts of different drug programs and every teacher thinks they have the answer. We would just sit in the back of the room and I knew more about the drugs then they did on the movies. Like they said: "Look at John; he is doing pep pills; see him fall; he is sleeping." And I didn't—man, it didn't make any sense. Either they make it so unreal to where it just seems like it is not going to be like that. It is too farfetched to believe the films, and the way that they tell you. Or else, they make it seem like it is something good. It is one or the other. That is just not the way. You can't really scare a kid into not using drugs because it is not going to work because fear only lasts for so long. It is not going to keep them straight to scare them. They have to want to stay straight, not because they are scared of overdosing or getting strung out or something like that, like they show in the movies.

Mr. **Keating.** Mr. Pellegrini? You were convicted of some felonies?

Mr. **Pellegrini.** I was arrested and when I went to court I beat all my charges or my lawyer did for me. The one I got put into Seed for, they are withholding adjudication, so I don't consider that being convicted.

Mr. **Keating.** So you really don't have any convictions or any felonies?

Mr. **Pellegrini.** Right.

Mr. **Keating.** Well, I do want to join in thanking you.

Mr. Chairman, I am sure there are some others who want to ask some questions.

Thank you.

Chairman **Pepper.** Mr. Mann?

Mr. **Mann.** Thank you, Mr. Chairman.

You have already expressed your view that peer pressure is the strongest motivation for moving on the drug scene. What have you learned, based on your own experience and talking to others? What have parents done or failed to do that contributed toward your getting on drugs?

Miss **Pace.** Nothing.

Mr. **Pellegrini.** Nothing at all.

Mr. **Mann.** The best parents in the world do not control the situation?

Mr. **Pellegrini.** Right.

Mr. **Mann.** Ann, you and Sally both mentioned that you started on liquor. Yours was liquor and yours was beer?

Miss PACE. Liquor.

Chairman PEPPER. What did you go to next?

Miss PACE. Pot.

Miss RYSER. Pot.

Mr. MANN. Sally, you mentioned that you thought going to chemicals was a very bad thing to do. Yet you did?

Miss PACE. Yes, I swore that I would never smoke pot, either, when I was drinking. Then after I started smoking pot I swore I would never do junk; then, when my friends were doing junk, they would tell me what it felt like to get off with a syringe, just shooting everything—they shot everything they could cook up.

Mr. MANN. So it is just a progression, but none of you seemed to have gotten to heroin; three of them did.

Did you get hooked on it?

Miss MACDONALD. Yes.

Mr. MANN. Did you go through cold turkey when you got off it?

Miss MACDONALD. Can I say something about that?

Mr. MANN. Yes.

Miss MACDONALD. Everybody has made such a big deal out of kicking junk; it is pretty much of a joke. It is one thing if you are kicking heroin in a room by yourself and all you can think about is getting off and you are watching the clock and you know you have to get off in about 15 minutes or something like that, and you make yourself as miserable as possible.

It is another thing if you are coming off heroin and you are with a group of people who are constantly talking to you, willing to help you, just totally keep your mind off it.

Junkies are pretty good actors and actresses and when they want something they can get as sick as anything and they will have you believing they are really in bad shape and they are not. Alcohol is a lot worse to come off of than heroin and they have blown it way out of proportion.

Mr. MANN. How bad was your habit?

Miss MACDONALD. When I first came into Seed, I was shooting about $200 a day.

Mr. MANN. Ann, what was your experience in getting off it?

Miss RYSER. I was never strung out on it; I didn't do heroin all the time. I mostly did barbiturates. I used barbiturates every day.

Mr. MANN. Larry, were you a hard-core addict?

Mr. PELLEGRINI. No; just before I went to Seed, for maybe 2 months, I was shooting about $40 a day; I was on the road. I was getting closer but I wasn't completely strung out yet.

Mr. MANN. With all this promotion of drugs that you were engaged in, all of you, when you got to the Seed weren't you determined to blow it, too; and why didn't you succeed? Didn't you take drugs then?

Miss MACDONALD. When I came into the Seed I expected everybody to be sitting around stoned and figured I could find a few connections and set up a few deals; and I walked into the Seed and I was shocked; everybody was straight. Their eyes were clear; they were talking; they could think. and they were really talking about problems and things like that. It was not just—how is it going, man: is everything all right? It really surprised me and it scared me; it was the first drug program I had ever been to that the people were straight, and it is the only one that I could say they were straight.

Mr. MANN. Larry, did you try to find any customers?

Mr. PELLEGRINI. I was scared. I looked for every way out that I could find. There was none. I am not talking about trying to escape. I am talking about trying to find things wrong with the place. But, sure, there are a few things people don't agree with, but everything they teach you there is the truth. You can't help but learn. You can't help but want to get straight in there because you see the happiness that these people have and you want it. You really want it bad, because you can have it yourself if you really work for it.

Mr. MANN. In your case, back when you were obtaining money through robbery and otherwise—you mentioned one time you got over $700 and you bought drugs with it—why wasn't your drug operation a profitmaking operation? Why did you have to steal?

Mr. PELLEGRINI. Well, because I was doing all the dope. I was selling the dope, but the money I made from selling dope I would be buying more dope, so I would get nowhere. I had to keep getting money from somewhere because once the dope is in your arm this is money in your arm, so you just have to keep doing it because you would blow money every day.

Mr. MANN. Did you give a lot of drugs away?

Mr. PELLEGRINI. I would turn on the people I did junk with, there were only about three or four of them and we would turn each other on; but when it comes to selling dope to other people, stuff like that, it would be a strict thing. We would try to give them as little as we could so there would be more for us.

Mr. MANN. Now, getting to your current role of setting a good example for your peers in your school and thinking back to when you started, do you think that the peer pressure—I will admit that this will be a factor of how many of the peers are going to be straight—but is the peer pressure ever going to be strong enough to keep that person from saying, "Well they tried it; they know what it is like and we haven't tried it?" Sure, they can be straight but is your pressure going to be enough to keep you 3 or 4 or 5 years ago from experimenting with it, trying?

Miss PACE. Well, for myself, I don't really worry about 4 or 5 years from now. I think about today and staying straight today. If I can stay straight today then I feel like I have accomplished something. I don't want to worry about the future because that is the way to mess yourself up.

Mr. MANN. But looking at what was 3 or 4 or 5 years ago, even if you had peer pressure, like you are able to exert now, from straight kids, would you have tried it? Would you have gone ahead and experimented with drugs just to get it off your mind?

Miss PACE. Are you talking about—wait——

Mr. MANN. I am talking about the ones you are going to influence now. Are you going to be able to keep them from experimenting even though they see in you as a straight kid?

Miss PACE. People that are already straight?

Mr. MANN. People that have never been on drugs.

Miss PACE. If I feel they are worth being friends with and they are not going to play games with me and they are going to be honest people, then fine; I will be their friend; but the minute they start getting an attitude, that's it. I don't want people that cause trouble in class or anything, whether they are straight or not, as my friends. I am really particular about whom I pick as my friends now.

Mr. MANN. You, Lybbi?

Miss MACDONALD. I think what you are trying to say is people 4 or 5 years ago were straight. Do you think that it was peer pressure that prevented them from using drugs.

I am trying to think back to how I would feel, but there are a lot more. Like peer pressure is one of the main things, but if you have enough self-respect for yourself, if you love yourself and you are really honest and you really believe in yourself and believe you can do the right things, I think you can stay straight. There are a lot of people who have never used drugs but are really totally messed up as far as thinking is concerned, what their ideals are.

What I consider straight is not just being off drugs but somebody that has changed their values all around, that has respect for themselves, love for themselves and can love other people, can be honest, doesn't have to play games, can be themselves. That is what I consider straight.

Mr. MANN. I don't expect you to have a magic answer for this, but how do we develop that sort of attitude as children are coming along, before they reach the maturity that you have?

Miss MACDONALD. There are a lot of people that have come to the Seed that, maybe have brothers or sisters that are using the drugs; or have that druggy attitude just before they get into using drugs; and just by the way their brothers and sisters go home and they talk about what they are learning, how they feel; they become open and learn how to talk to people and be honest with them. A lot of the attitude can be a better attitude when they start to figure out how people are thinking. Then it is really, I guess, a matter of choice.

Miss PACE. A lot of people don't really realize the impact they have on other people, how they can change other people. If you look at Congressmen, Governors, all that kind of stuff, you can really see how much one person can change at lot of people.

We really believe at the Seed that we can help change; first, starting with the schools and change the drug problem and, help solve it and help this generation.

Mr. MANN. Thank you.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. Thank you, Mr. Chairman.

I, too, would like to congratulate these three young ladies and the young gentleman for what obviously is a major recovery from a life that was leading to ruination for all of you.

One of the things, though, that troubles me about the schools is that I get the feeling we are putting the jacket on the teachers and the school administrators for what might possibly be a failure at home before a child is at an age where the educators and the school administrators can have any influence.

Let me ask you youngsters—I am the father of three young children and my oldest is in the sixth grade—What can I, as a parent, look for? What would your advice be to us?

Miss MACDONALD. I think you can mostly tell when their attitude starts changing. It starts going down hill and they are becoming more inhibited.

Mr. Murphy. Could your parents have saved you from this experience you went through by taking some other action or by treating you differently?

Miss MacDonald. The only thing is, it is hard to say because my parents were really strict. They were the type of people who didn't want me going anywhere, saying you have got to do this; you have got to do that. I was pretty responsible, but when it came down to my peers, I wouldn't listen. Kids today won't listen to parents, teachers, anybody. The only people they will listen to are peers. You can get a better feel for kids, try to do the best you can and if the problem does arise, say hey, there is something definitely wrong, then you can help whatever the situation is.

Mr. Murphy. What I think you are saying, then, is that you wouldn't take the advice of your parents. Instead you had to go out and experience this yourself, listening to the bad advice from your peers instead of listening to the advice of your parents.

Miss MacDonald. I know for myself when I look back, everything that my parents told me was usually true and everything that happened to me, my parents told me would happen.

Mr. Murphy. But you wouldn't accept this prior to your experience?

Miss MacDonald. Right, I wouldn't accept it, and I still wouldn't accept it when I came into the Seed.

Mr. Murphy. Prior to your experience, did you think a teacher could have changed the path you were traveling?

Miss MacDonald. Unless they forced me into some kind of a situation where I would have to change. Like I said, children today won't listen to their teachers or parents; they will give you the excuse, what do you know; you never used drugs; how do you know? You don't understand me. It is the same story.

Mr. Murphy. Is the consensus of all four of you that the teachers are literally afraid to take action or report what they suspect to be your activities out of fear that parents may retaliate by saying, "No, not my boy or girl; how dare you accuse them of that," and that these teachers are not backed up by the administrators?

Miss MacDonald. Yes; I think a lot of them are. There are a lot of good teachers, too. A lot of teachers I know have spoken up and they have put their jobs on the line.

Mr. Murphy. Have they lost jobs as a result of their actions?

Miss MacDonald. Surprisingly not; no, but they do put their jobs on the line and everything, and usually, when the parents realize what happens, the parents are very grateful. But then, again, there are a lot of parents that don't want to see it. They have gotten a lot of hassle from them.

Mr. Murphy. Are all four of you young people of the opinion that we need stricter discipline in the schools?

(All panelists shook their heads affirmatively.)

Mr. Murphy. Would anybody take exception to that?

Miss Ryser. I agree, but the thing is the kind of discipline they are giving now is like Junior Haven and court and jail and all that; and it doesn't do any good at all because you go in there and you can buy just as much drugs; you can do whatever you want. You are still not facing your problems and still not facing your responsibilities and it is not doing any good at all. If this discipline were replaced with something like the Seed, something like this, where they can get the help. That is what they need, not to sit in jail and get worse.

Mr. MURPHY. Larry, you mentioned that you committed a number of crimes?

Mr. PELLEGRINI. Right.

Mr. MURPHY. Would you give us a general estimate of the number of crimes?—Do you know the difference between a misdemeanor and a felony?

Mr. PELLEGRINI. Yes.

Mr. MURPHY. Maybe you know better than we do.

How many crimes did you commit, either before you were apprehended or at the time you came into the Seed program?

Mr. PELLEGRINI. I really couldn't say, you know.

Mr. MURPHY. Give me an approximate number.

Mr. PELLEGRINI. Every day I committed a crime; smoking pot, that is a crime.

Mr. MURPHY. No, no. I mean a crime to get the money to pay for the habit.

Mr. PELLEGRINI. Altogether, you want me to make a total, approximately?

Mr. MURPHY. Yes.

Mr. PELLEGRINI. A hundred or more. I don't know exactly.

Mr. MURPHY. Would you say this is true of other fellows you knew with similar habits to yours?

Mr. PELLEGRINI. Oh, yes.

Mr. MURPHY. We have had testimony from certain Governors that of their total population in the penitentiary system, for instance in Pennsylvania, Governor Shapp estimated a good 65 to 70 percent of the inmates in the State penitentiary system were there on drug-related crimes. I can see this now when you talk of your experiences.

Mr. PELLEGRINI. Right. I never would have gotten into stealing or doing the things I did if I had never gotten into drugs. You just have to do it.

Mr. MURPHY. I think we have covered a lot of the questions of how you got into it. I would like to get into the question of your contact, for instance, the high school.

You would get it from other students, but where would the outside contact be?

Mr. PELLEGRINI. You mean, where do these kids that bring it in get it from?

Mr. MURPHY. Yes, in school your peers who are getting the dope, where do they get it from? How high up are you allowed to go?

Mr. PELLEGRINI. It goes all the way up. There are some kids that get it from their parents. There are some kids that know older people. You know this guy 35 or 40 years old.

Mr. MURPHY. He would come by the school?

Mr. PELLEGRINI. No; I would go to his place and I would get whatever he had and I would go out and sell it for him.

Mr. MURPHY. Is that as far as you have ever got? Would this fellow ever take you to his source?

Mr. PELLEGRINI. No.

Mr. MURPHY. Did he ever take you to his source?

Mr. PELLEGRINI. No, he usually kept it quiet because you can't trust anybody. You don't know whom to trust, because of what might happen.

Mr. MURPHY. Because of informers?

Mr. PELLEGRINI. Not only that, because if this guy told me where he got his dope from, I would have probably have tried to go and rip off the guy he got his dope from or maybe, you know——

Mr. MURPHY. Cut the price?

Mr. PELLEGRINI. Right, or go to him so I could make more cash myself. You can't trust anybody.

Mr. MURPHY. In your opinion, Larry, could the Seed program be moved into the school proper and made to work, or would it work best outside the school?

Mr. PELLEGRINI. It has to be separate because you know you need this; like an every day thing. It has got to be for a long period of time. You can't be on a part-time basis. The kids have got to get straight because, while you are in school, you are thinking about other things, because you are at the Seed and you have to concentrate on yourself and that is the only way you are going to get straight. You have to drop everything else. You have to concentrate on work, on yourself, because in the schools there is not enough time to do this and plus who would you want to be the rap leaders? I mean you would have to have adults, teachers? There again the kids are not going to listen to them. It has to be on a full-time basis.

Mr. MURPHY. In other words you wouldn't accept the reasonings or warnings of anyone who did not have experience with drugs or some facet of the drug culture?

Mr. PELLEGRINI. Right, because they have never traveled the road that we did. You can't listen to people like that. All they have learned is from what people tell them or what books they read; but, you hear kids talking about what they actually did, and you can relate to them. But these guys, they just talk about things they read out of a book or what other people told them. It is not actually coming from them. It is an outside source.

Mr. MURPHY. Again, Mr. Chairman, I want to congratulate you for bringing the committee here. I would also like to congratulate these four young adults who have given me a tremendous insight into this problem.

I congratulate you and I know I should congratulate the personnel at the Seed for the fine work they are doing.

Thank you, Mr. Chairman.

Chairman PEPPER. Thank you very much, Mr. Murphy.

Mr. Keating, do you have another question?

Mr. KEATING. Mr. Chairman, why don't you go ahead with the other members?

Chairman PEPPER. Very Well.

Mr. Rangel?

Mr. RANGEL. Yes, I would like to join with my colleagues in telling you that it has been a brandnew experience for us to come in contact with people that have managed to resolve a very personal problem. We don't have the answer yet.

I have been trying, last night and today, to find out—perhaps I could start with you—what was it at Seed that allowed you to understand that you must love yourself, find self-respect?

Mr. **Pellegrini.** It is like when I walked in there, like Lybbi said, everybody was so honest. People were telling about themselves, their real selves. They weren't playing games, weren't trying to impress everybody. They were all there for one reason: To get straight. They were all working for one goal. It just impressed me so much that I just wanted to make it.

Mr. **Rangel.** Did you have any type of physical or psychiatric examination before you went to Seed?

Mr. **Pellegrini.** No.

Mr. **Rangel.** Is any type of examination taken to determine the degree of drug abuse that a person may have?

Mr. **Pellegrini.** It is really not necessary to know whether you smoke pot once or never smoked pot, you have a bad attitude. It doesn't make any difference.

Mr. **Rangel.** Are you really saying, then, that this therapeutic program would be good for a person whether they have turned on with drugs or never been involved?

Mr. **Pellegrini.** Right. We have kids that are there just for an attitude problem that never touched drugs in their life.

Mr. **Rangel.** So in terms of fraternity, the Seed program would be good for someone who was not involved with anything except his own personal problems.

Mr. **Pellegrini.** Right. All they can do is help you, because there are a lot of things in life that I never realized in my life. It makes you see all these things. It gives you an insight on life, how you can go through every day in your life and make it the best day of your life, just live and be happy. You can find a problem and you can cope with it and meet it head on instead of running from it all the time.

Mr. **Rangel.** Well, when you were turned on with drugs, there was a general attitude that straight people just weren't right, and you couldn't have any rapport with them. Do you feel now, being a part of Seed, that you now belong to the most superior peer group?

Mr. **Pellegrini.** We don't bag ourselves as being better than anybody else. We are really not concerned with anybody on the outside; we are just concerned with ourselves. We don't go around saying we are the best. We are just concerned with ourselves, doing the right thing for ourselves.

Mr. **Rangel.** If there is no examination to determine the degree of drug abuse and if, in fact, one can just come in and say look—you know, swallow the ego and say, it looks like I have a problem and I need a little help—how can one determine whether a drug addict or former junkie, being so shrewd and so slick and such a terrific con artist, whether or not you are putting me on now?

Miss **MacDonald.** You ought to be able to tell it in our eyes and you ought to be able to tell whether we are sincere or not. I don't think if you are a real slick junkie, I don't think a real slick junkie is going to sit up here and talk before all these people and be honest and tell of their experiences, because that is jeopardizing them.

I know before I would never do anything like this; I would never speak against drugs. I would never sit and talk to all these people and tell them how I feel and what I think should be done. I would never have done that. I could have cared less. I would have said, "Oh, there is a Crime Committee meeting going on; big deal." But I am here and I am trying to do something about it. If I was still a slick junkie and was still trying to con, I wouldn't be sitting here right now. [Applause.]

Mr. **Rangel**. I should have prefaced my remarks by saying I do believe. I was just asking a question.

But tell me, now that you have found yourself, and it seems abundantly clear that most of you don't have any other solutions except the Seed program; do you believe that that really is the only true, honest experience you have had in this area? If you were to be transferred to New York, do you believe that you would continue to be straight? Have you really received enough spiritual guidance that you could make it without the group or the peer pressure?

Miss **Pace**. Yes, I think so; and it wouldn't really be called spiritual guidance. I guess you could call it that, but it is more a combination of love, honesty, understanding, and friendship; and you really can't explain the program in one sentence or a few paragraphs or anything.

Mr. **Rangel**. Could you give me a rundown as to how you would start in the morning; are classes given to you about the values of love and self-respect?

Miss **Pace**. No, it is rap.

Mr. **Rangel**. Is it all rap sessions where you talk with each other and discuss each other's problems with a group leader?

Miss **Pace**. Yes; it is all discussed in the raps with everybody. We all talk about how we feel and we all talk honestly and everyone loves one another; it's almost like everyone thinks that the program is almost like the basics, and everyone thinks that it sounds so simple and blah, blah, blah.

But it is like you have to learn how to use your heart and your mind together and there are so many things that go into it. You have to know that just every person is an individual and you have to know just what to use with every person.

Mr. **Rangel**. How do you find this out?

Miss **Pace**. By your awareness. You look at their eyes and their face and you watch them and you listen to what they say and you watch in the group for how they express themselves, and you know.

Mr. **Rangel**. Could you start a group in another city?

Miss **Pace**. With Art's help; only with Art's help.

Mr. **Rangel**. During the time you were doing drugs, did you run across—especially you, Mr. Pellegrini—nonaddicted pushers who were just out there to make a buck?

Mr. **Pellegrini**. Yes.

Miss **Pace**. Yes.

Mr. **Rangel**. Are some of them still operating within the Miami area?

Mr. **Pellegrini**. Yes.

Mr. **Rangel**. Is a part of the honesty to turn in a pusher now and then?

Mr. **Pellegrini**. No.

Mr. **Rangel**. Why does that not come into the picture? I am not pushing it.

Mr. **Pellegrini**. Like I said before, we are not concerned with anybody else; we are just worred about ourselves. We are not out to bust anybody, to bring them in there and say who are your friends on dope.

Mr. **Rangel**. Isn't that part, though, of your love for your fellow man, the value of love that you have for yourself?

Mr. **Pellegrini**. Yes, I love him just for the fact that he is a human being. I am not going to get this dude busted.

Mr. **Rangel**. You have been through it all; you know what youngsters have gone through. Perhaps you can stop someone from contaminating other young people?

Mr. **Pellegrini**. Look at it this way: There is nothing you can really do. I can get this guy busted but what good will that do?

Mr. **Rangel**. Everybody feels the same way?

Miss **MacDonald**. Everybody feels that you are going to stop the drug problem by busting all the big pushers and the big man in the syndicate or whatever you want to call it; everybody thinks that is where your problem lies. The only way you are going to stop kids using drugs is by turning off the drugs. If you have a big dealer, and if a kid doesn't want to use drugs, and if no kid is using drugs, he is out of business. You get somebody 35 or 40 years old who has a big business going as far as drugs are concerned—he gets maybe a 10-year sentence if he gets busted, and he is out in 6 months or whatever. The only way you can really stop the problem is by kids stopping using drugs, not by locking everybody up.

Sure, it serves its purpose in a lot of kids.

Mr. **Rangel**. I suppose you feel the same way about the people in the Miami area that would be receiving stolen goods, the ones that you were selling car parts to, all of that. That is not part of your thing; whatever they do is their business?

Miss **MacDonald**. Right. We are not in really any position right now. The most important thing for us is to maintain our sobriety and do the best that we can as far as helping other people. But as far as going directly to people and busting them, I don't think that is any good.

Mr. **Rangel**. But as secure as you feel now individually, the best that you can do for a potential addict or an addict is to set a good example unless you had the entire program behind you? Is that generally how you feel?

Miss **MacDonald**. That is right.

Mr. **Rangel**. And you can't describe the program as to how someone else might get the benefits of your experience in another area?

Miss **MacDonald**. A different program than any other program that anybody thinks might be the same kind. The only way you can get a firm understanding of the Seed program is coming down there and seeing it for yourself. We could sit here and talk all day long, but you can't understand it unless you are down there. That is the only way you can learn, seeing what is going on.

Mr. **Rangel**. Thank you very much.

Chairman **Pepper**. Mr. Keating, do you have another question?

Mr. **Keating**. Yes. I don't want to really explore this, but I notice that at least two of you had indicated that you had been drinking excessively before you started with pot. Did that play any role at all in your getting started into drugs, in your opinion?

Miss **Pace**. Well, it was the whole thing. Drugs all started out to be a big game. It was all fun and games, and so was drinking. And it was just like, let's see how much we can get away with. And what is the proof of love? Discipline, right? That is the proof of love.

I kept wanting someone to say, "Hey, no, you can't." And nobody ever did. And I drank and I came home drunk and I kept doing this. It is like you want to get caught, but you don't. And you keep putting yourself in the position over and over again to get caught. It is almost like it is just all a sneaky game; to go behind your parents' backs and the police and teachers and everything else. Kids delight in it. They love it, to see how much they can get away with.

Mr. KEATING. Is that true of you? You said you drank; is that right?

Miss RYSER. Yes, it was, when I was drinking it was just like smoking pot on the weekends when I started smoking pot. The only difference was that pot was a big drug, and it was cooler. But it was all basically the same thing. I was doing basically the same thing, with two different drugs.

Mr. KEATING. Last night, Mr. Barker asked for me the question how many started on pot. I think almost without question, everyone at the Seed indicated that was their first start. Do you have any idea how many first started with drinking alcohol before they started with pot?

Miss RYSER. Probably about half, at least, more than half.

Mr. KEATING. Mr. Barker, what would you say?

Mr. BARKER. I say no; I don't think so. A small percentage started with drinking. Most of the kids started on pot.

Mr. KEATING. That is all.

Chairman PEPPER. Mr. Brasco?

Mr. BRASCO. I just wanted to clear something up that my friend from New York was exploring.

I think what you are trying to say—stop me if you think I am wrong—is you are there not so much to participate in the enforcement, now that you are straight and back in school, but by your example, change attitudes. Larry, you were a one-man crime wave for a while. So that, by your staying straight, there is a definite improvement in society.

I think that is what you were talking about, keeping yourself straight and by your example helping others.

Mr. RANGEL. I am glad you cleared that up.

Mr. BRASCO. In any event, at the Seed meeting last night—I think it was Mrs. Barker, maybe someone else—I said good night, and she said, "I love you." And you are supposed to say that back and I just said good night again. And she said, "You can't say it."

And you know, she is right.

I suppose that is as basic as you can get to attitudinal changes. It is that difficult to put your finger on. But whatever it is, it works.

But let me ask you this question: Yesterday we had a teacher who is involved in drug programs tell us that we should legalize pot. Would any of you agree with that?

Miss PACE. No way.

Miss RYSER. No.

Miss MACDONALD. No.

Mr. PELLERGINI. No.

Mr. BRASCO. Just one other thing. Talking about discipline before, you said that discipline meant Junior Haven, and I suppose that is some kind of youth correctional institution, and other things. I think what we are doing again is getting discipline confused with punishment. The type of discipline I am talking about, that I think we should have more of—and I just want you to comment on it—is the kind of discipline in the school that sets some kind of standards, ranging from dress to conduct.

Do you agree we should have more of that kind of discipline in the schools?

Miss RYSER. Yes, that is right: I agree. What I was thinking of was when I was using drugs, the only thing that I was ever afraid of was Junior Haven and jail.

Mr. BRASCO. I wasn't talking about punishment. I was talking about the attitude of the teacher. Do you think teachers need more tools to be able to effectively deal with the students? I hear so many teachers in the New York area particularly say that if they take any disciplinary action, and I suspect that teachers are for the most part of the day an extension of what the parents are at home, if they take any disciplinary action, they will have the mother and the father here ready to sue them, to chop their head off, ask for their job, as Lybbi was talking about. Do you think we ought to start thinking about creating some atmosphere to protect teachers from that kind of parental retaliation for disciplining a student during the course of the schoolday?

Miss MACDONALD. Yes, if that is going to do something about helping the teachers change the kids.

Mr. BRASCO. Thank you, Mr. Chairman.

Chairman PEPPER. Mr. Nolde has a question.

Mr. NOLDE. Sally, you have described while you were into drugs your school grades having a lot of E's and incompletes, and so on. What happened after you got straight in terms of grades?

Miss PACE. This year I got one E and one D and all the rest were A's and B's. That was in math, which I am not too good at. I try. I don't have a good background or whatever it is called. I don't have the basics in math.

Mr. NOLDE. Fine; very good. You say you have been straight for 16 months now?

Miss PACE. Right.

Mr. NOLDE. No further questions, Mr. Chairman.

Chairman PEPPER. Just two or three questions.

I heard you all say that you did not favor the legalization of marihuana. There are some people who deny that there is any connection between taking marihuana, or pot, and later on becoming an addict of heroin. Apparently, they base that position on the fact that there is no necessary chemical or physical relationship between the two. But as I understood your recital, the three of you progressed to heroin, and it arose from the environment in which you were. You were taking pot, you were with a group of people and they were taking drugs. And as you said, somebody said, "How about let's have a little heroin, come on, let's have a shot."

Had you not been in that group of people who were taking drugs, then you would not have started heroin; is that correct?

Ann, what is your experience? Did you start from association with people who were taking some other drug and then you took heroin?

Miss RYSER. Right.

Chairman PEPPER. Was that your experience, Lybbi?

Miss MACDONALD. Yes.

Chairman PEPPER. So you don't necessarily have to prove a physical connection, but if you become a part of an environment which is the drug culture, eventually, somebody in the crowd is going to say, "Well, let's have a shot, take a little junk." Isn't that the way it works?

Mr. PELLEGRINI. Right.

Chairman PEPPER. One other thing, Larry, you talked about the number of robberies in which you participated. One of them yielded $700. Those were felonies, major crimes. You had a weapon.

Mr. PELLEGRINI. Right.

Chairman PEPPER. It was armed robbery. For how many were you arrested?

Mr. PELLEGRINI. None; I never got caught.

Chairman PEPPER. We have the figures that in Dade County—Mr. Sullivan would know more about it than I—but in Dade County we have the figures from the authorities that it is estimated that $58 million worth of property is stolen from the people of Dade County every year. They also estimated that about half of that is probably property stolen by people just like you, who were robbing to get money for drugs. Lybbi said she was up to $200 a day. I guess you had to make it in some way, by selling dope or stealing in order to get the money.

Miss MACDONALD. I got into a lot of forgery. I forged a lot of checks; broke into drug stores; was selling dope.

Chairman PEPPER. The reason I bring that out is the taxpayers have a lot of problems to bear. We are very sympathetic with those problems. But when we try to get money for these programs—to try to set up Seed and other organizations that can accomplish rehabilitative result—too often, they say we can't afford it, when they are already paying for it. It is involuntary. Everybody is already affording it, because it is being taken away from them by robbery and theft. A $29 million program would accomplish quite a lot, and that would be only half of what we are already paying in Dade County for the drug addiction that is prevalent here.

This committee has taken the initiative in Congress to try to get a research program to try to find a drug better than methadone that is not addictive, doesn't have to be taken so frequently, and doesn't have side effects. We advocated that $50 million should be put into a research program.

In the United States, we have probably 600,000 heroin addicts. In the city of Washington, in the District of Columbia, the authorities there estimate that each heroin addict takes illegally, by robbery or theft, approximately $50,000 worth of property a year. And they estimate that we have 18,000 to 20,000 addicts in the District of Columbia. Look what a terrible price the people have paid.

Now we are moving, as a result of these hearings, we hope, to be able to recommend Federal legislation which will provide assistance from the Federal Government in devising educational and other programs, the best that can be contrived, that will help the young people in the schools to keep them from becoming a part of the great army of addicts we already have.

Then of course, we have other programs, trying to develop other methods of dealing with this problem.

Just one last thing. I see my sister out there. I introduced her before. I am not so sure that the teachers always have the backup from the school authorities that they should have if they are going to impose the discipline. What do you all think about that?

Is it true?

Miss **MacDonald**. I know there are a lot of teachers that have wanted to do things, but they feel the administration wouldn't back them up.

Chairman **Pepper**. And the administrators have the pressure from the parents or from public opinion.

Miss **MacDonald**. Right.

Chairman **Pepper**. Thank you very much.

Mr. Brasco?

Mr. **Brasco**. One of the witnesses commented yesterday that teachers and drug counselors ought to know more about drugs and drug abuse. I just wondered if you thought they would get any benefit from taking a look, as we did last night, at what goes on in one of the Seed meetings. Do you think it might help when they get back into the classroom?

Miss **Pace**. First of all, drugs is only a symptom of the problem. They don't really have to know that much about drugs itself. The symptoms would be important; to see whether a kid is stoned or not or whether he is on drugs, his attitude and everything else.

Mr. **Brasco**. I wasn't talking about that, to see what goes on there.

Miss **Pace**. I know, the open meetings. That would be a good idea. We have had a lot of teachers, a lot of people come down, and they have learned a lot more by going to the open meetings. They understand the drug problem better.

Mr. **Brasco**. I get the impression that teachers and drug counselors feel that in order to develop a rapport they must agree with the student and try to string them along.

It appears to me your meeetings are based on confrontation. It is something that is diametrically opposed. I am wondering if that route is the more successful route.

Miss. **Pace**. I think it really would be. We have had a lot of teachers that have been at our meetings and a lot of principals. They have cooperated with us. Most of them that have ever come down there cooperate with us really well and they really try to help out with what we are doing, and try to help with the drug situation.

Mr. **Brasco**. Thank you.

Chairman **Pepper**. Thank you very much, Sally, Lybbi, Ann, and Larry. You have been wonderful witnesses and we are very grateful.

(Applause.)

Chairman **Pepper**. Now that we have seen the offspring, we will find the parent, or the author, of Seed, Mr. Art Barker.

(Applause.)

Chairman **Pepper**. Mr. Barker, the committee has already indicated commendations to you through these wonderful young people who have testified here today. We are very grateful to you for being here.

Mr. Phillips, will you inquire?

Mr. **Phillips.** Mr. Barker, for want of understanding this program of yours, I think it would be a good idea if you would tell the committee how a young drug abuser gets to your program and what steps are taken in the program to assist the young drug abuser?

STATEMENT OF ART BARKER, PRESIDENT, THE SEED, A REHABILITATION PROGRAM DESIGNED TO HELP SCHOOL-AGE CHILDREN AND YOUNG ADULTS OVERCOME DRUG ADDICTION, FORT LAUDERDALE, FLA.

Mr. **Barker.** I can tell you a little bit about the program. Basically, the program consists for most school kids of a 2-week initial course, at which time the kid comes from 10 o'clock in the morning until 10 o'clock at night for 14 days. During that time, he is kept at the home of another kid who has been through Seed, with a Seed family. We have 300 homes of that kind in the area.

Mr. **Phillips.** The nub of the program is initially a 14-day program and the child comes to you and he must attend this program from 10 o'clock in the morning until 10 o'clcok at night.

Mr. **Barker.** Then he is returned home with another kid who has been through the Seed at which he is staying now.

Mr. **Phillips.** So at the end of the day, he then goes home with a child who has gone through the program, is senior and more experienced with the problem.

Mr. **Barker.** That is right.

Mr. **Phillips.** He then resides there that evening and comes back the next morning with the child again?

Mr. **Barker.** That is right.

Mr. **Phillips.** You say there are 300 people in the community who have agreed to take these children into their homes?

Mr. **Barker.** These are people whose kids have already gone through the program. They are so grateful for what has happened to their child that they want to help the other children.

Even after our extended course is over, the end of the whole program—it ends at 3½ months for most school kids—the kid still wants to be a part, and the family wants to be a part, of the Seed in helping others and they have opened their hearts to these young people.

Chairman **Pepper.** What about bringing in meals?

Mr. **Barker.** Right now we have 700 hot meals prepared by four, five, or six mothers in their private homes who truck these meals in by their station wagons, or any other way, to feed our kids.

Mr. **Phillips.** In other words, the families are supporting this program not only by bringing their children there and making their homes available to these young drug abusers, but they are also contributing money, and time, and actually cooking food and bringing it so the children can eat while they are at the Seed?

Mr. **Barker.** Also providing transportation for poor kids who don't have it, going way out of their way, driving from Pinellas County, Fort Pierce, way down at the Keys, bringing these kids back and forth. We have a fantastic army of contributors.

Mr. **Phillips.** You say this is a 14-day program?

Mr. BARKER. Well, that is the initial 14 days. Unless somebody is extended, usually that is the case. After 14 days the kid is returned to his own home and goes back to school. Now the boy or girl must come in three nights a week, plus one of the two weekend days. He does this for the next 3 months. He is not a newcomer. Now he is really getting involved in a different aspect of the program.

Mr. PHILLIPS. Can you tell us what happens from 10 o'clock in the morning until 10 o'clock in the evening?

Mr. BARKER. Basically it is a rap session more than anything else in the world. The things that we teach are so simple that most people—psychologists, psychiatrists, people from the National Institute of Mental Health—all of these people have come to the Seed and spent hours trying to get me to explain what happens. I tell them it is the simplest thing in the world: We are teaching them a sort of primitive Christianity, if you will, teaching them to love themselves, to love God and their country, teaching them the basic things. You can't teach it in an hour. You can't really teach it in an hour in the morning or an hour in school.

Mr. PHILLIPS. I hate to ask you, but could you repeat that answer? You were saying, essentially, various people from agencies in Government and other places have come to you and you have explained to them you are teaching a basic kind of Christianity which can't be taught in schools.

Mr. BARKER. I hate to even make it Christianity, but a basic kind of philosophy. Most of our kids become missionaries of sorts when they walk out of there, but not missionary as most people know it.

We teach basic things in life that so many other people in life are not able to teach today—the schools and the churches—love of self, love of others, love of God, love of country.

If you want to get into it deeper, Dr. Eric Berne has said young people have the greatest games in the world that they have learned to play. The only trouble is they published the book before this drug culture. The most deadly games ever invented is the drug game, because the kid is antiestablishment, antifamily while he is into this period. He learns to cop drugs, to do other things to appeal to his peers. The only end in this game, the most dangerous life game ever invented, is that the kid has only three outs—insanity, imprisonment, or death.

When these kids come in, when they have learned to understand the games they play, when they understand that they don't need to play these games any longer, they can be completely honest, they can be themselves—not go into being the tough guy, cool chick, they once were.

That is the thing. They learn to be honest, to respect themselves, to love others. They want to help others.

I have a very corny philosophy. I think that all human beings are born beautiful, idealistic, romantic, and adventurous, and I think our society is sometimes working very hard to destroy that. I think as another man said, Alfred Adler, "Every man gets a second chance to become the person he was first meant to be," and it is a beautiful thing when a person 14, 15, 16 years of age can be taught that and go back to the basics and learn from there instead of waiting until they are 70 and maybe lying on their death bed and realizing they blew the whole game.

Mr. **Phillips.** I think maybe we can agree that some of the solutions to our problems are basics.

Mr. **Barker.** People come to me and say, we want to learn all about your techniques, talk in psychological terms, psychiatrists and psychologists. The techniques are so simple that they overlook it. Each person who comes to the Seed sees something different. An educator comes to Seed and he says, yes, I understand what he is doing. I see all of the teaching methods are very valid, very sturdy, and very workable.

A minister comes and sees something else. A psychiatrist comes and says, oh, that is peer pressure, group therapy, and so on. So few of them really see the total. It is very simple and very basic.

Mr. **Phillips.** Some of the techniques which I have been fortunate to observe—I wish you would tell us more about them—is that these rap sessions go on pretty much all day long.

Mr. **Barker.** Yes.

Mr. **Phillips.** I have not seen one, but I have seen a marvelous film of one which was produced here by a man by the name of Francis. I think he is with NBC.

Mr. **Barker.** Channel 4, CBS. He just fainted in the back of the room.

Mr. **Phillips.** I can only say that not only is television assisting, but in this case, Mr. Francis has been most cooperative in showing us that particular film.

I didn't see, personally, one of the rap sessions but I did see his filming of it. I did speak to some of the people who conducted the rap session and I think at the very end of the rap session you came in and gave an encouraging word to a young boy who had been grilled pretty steadily by his peers. I was impressed and moved by it.

Mr. **Barker.** That boy has changed tremendously. That was the changing point in that boy's life. I would like you to see that boy.

Mr. **Phillips.** I would like to see him.

But in any event, in addition to the rap sessions in which you get children to talk about their problems with other children, question them about it and evaluate them, you also have meetings where parents are involved. Will you tell us about the parents' involvement with this program?

Mr. **Barker.** Unfortunately, because of our society, the parents grow further and further away from the kids. What we have to do is, I would like to say we reunite a family, but that is not really true. We unite a family. That is what we do. Mothers and fathers come to those open meetings and see their kids being honest for the first time, suddenly understanding this whole drug culture and how their kids got into it. The reaction of most parents is: (1) "It is all my fault"; (2) they start beating their chests; (3) it is everybody's else's fault; and (4) how could you do this to me.

So they come to this program and start realizing the problem, that it is so big. About 75 to 80 percent of your high school kids are well into drugs, 50 to 60 percent of your middle school, maybe higher than that. So these parents come there and they suddenly understand why the attitude change, why the misery, why the unhappiness in the home, why the lack of communication and suddenly, they get a chance to start all over again, and their family is both there.

And it lasts, it lasts forever. You have heard about kids who are straight 16 months. We opened the doors 2 years ago and we know where those kids are and they are still involved.

Mr. PHILLIPS. I would like to go further with you on that. The parents are involved.

Mr. BARKER. We change the parents as much as we do the kids. If I had a special jail for some of the mothers and fathers, I believe we would get more kids straight.

Mr. PHILLIPS. There are certain rules I am interested in. For instance, during the first period of time the parents are not allowed to talk to the child; is that correct?

Mr. BARKER. Right. The whole point is the kid is so conditioned to conning, the minute you give him a shot at his parents he is going to start conning again. He has to have a shot at being completely honest with his own peers.

We have what we call a 3-day miracle there. I don't know where this word came from, but somebody came up with the word "miracle" because they thought it was one. In the 3 days after the kids are there, they fight us, as an average, the first 2 days. They are kicking their feet at their chairs and looking down, they are trying not to listen and they can't help themselves. But by the third day, it starts to sink in. You see an actual physical change in the kids. They suddenly became aware of themselves. Once they start to communicate with each other, they begin to realize that their problems and they themselves are not so unique.

By the fourth day, the parents are there at an open meeting and the kids get up and talk. It is only at that time that they are able to talk.

Mr. PHILLIPS. You say they are not allowed to talk during that first 3 days with their parents, and the first opportunity they do have to talk to their parents is after they have gone through this 3 days of intensive rap.

Mr. BARKER. It is only in the group, only the parents and the kids confronting each other in this open meeting.

Mr. PHILLIPS. A large hall separated by an aisle, as I recall.

Mr. BARKER. Right.

Mr. PHILLIPS. They can talk to them briefly about whatever they want to talk about.

Mr. BARKER. Right.

Mr. PHILLIPS. Now, you also said that the children, the kids with the drug habit, or whatever problem they might have, get up and they tell their story. I found this to be a terribly impressive performance and led me to understand some of these problems. Each of these children gets an opportunity to tell his story to the group. How does that work?

Mr. BARKER. The point is by the time the fourth day comes around, the kid is talking to himself. We do a complete detail on the kid when he first comes in. Every kid lies. They are not going to tell the truth. They only admit to what they have been caught with. Most kids say, "I only smoked pot once and I turned green; man, what am I doing here," this kind of thing. What happens over a period of time is like in the 4 days, the kid is able to tell the truth. He gets up and admits his drug use to his mother or his father.

Mr. PHILLIPS. Does he do that spontaneously or is that something you ask him to do?

Mr. BARKER. No, it is automatic. It works for the group, they are prepared for it. And for the first time in their life, they are honest. Every once in awhile we get a kid who does not come around on that third day. It is the fourth or the fifth. They fight us pretty hard. There are some exceptions to the rule. Most kids come around.

Also we do a complete followup on the kid 2 weeks later. Once that kid comes off that 14 days, we know what the real drug use was, what the whole situation was, and we keep this detailed information, which is necessary for us and in the kid's progress all the way through the program. All of this is written in our reports.

Mr. PHILLIPS. Part of the program that I observed was that there are some kids who, when talking to their parents, said they weren't making progress or they weren't working at their raps, or they were being recalcitrant.

Mr. BARKER. Each kid is the last one to see his own progress. Everyone else can see it, including the mother and the father, but the kid can't see it himself. Then suddenly as the kid progresses, after 5 or 6 days, he begins to recognize this and he sees his own change.

Mr. PHILLIPS. Let's assume that there are occasions when a child does not progress within the 14 days. What happens then?

Mr. BARKER. Then they have to be extended.

Mr. PHILLIPS. You do extend people?

Mr. BARKER. Sure. If the kid is not really progressing, if we feel he needs another week, we will call the family, explain the situation, explain that he is not going home on the 13th or 14th day and we feel this boy or this girl needs another weeks here. Let's go with this, he is not really ready to go back to school yet. So we are able to extend that program.

Now, the court program has worked slightly different. The court program, those kids coming from the court are double the amount of time. Instead of 2 weeks, it is 30 days and instead of a 3-month followup, it is a 6-month followup.

Mr. PHILLIPS. Another factor that I marveled at was the age of many of these children who come to your program. Would you give us the age of the number of people who have been through it?

Mr. BARKER. Over the past 2 years of the 1,300 kids who are on the program and who have completed the program—approximately 800—the youngest is 10 years of age and the oldest being age 25. Our average age is 15–16 years.

Mr. PHILLIPS. Would you tell us about that?

Mr. BARKER. One uniqueness of the Seed program is that it was created to handle large numbers of kids. If anything, these large numbers has proven very effective when dealing on the peer level. The impact made to these young people and their families has enabled us to provide the impact to the community. This, of course, is accomplished not only by the admittance of large numbers but also the graduating of these same kids in these same large numbers. There is always a pattern to these large numbers in that some months these numbers are greater than other months, thereby maintaining a balance. To give you an example, in the month of July 1972, those kids entering the program at the beginning of the month is small, but by the 15th of the month we start to see an increase.

I think that what has happened is that parents, mothers and fathers, of the kids know that the boy's attitude is awful, and this or that, but they are selfish, they want to go on vacation. Maybe they want to put the kid in Seed and now the kid gives them a con job and says, "I am going to stay straight," all that kind of jazz. Come July 15, they realize, "My God, this kid is not staying straight, I have been conned again." So they come in with the kid.

Mr. **Barker.** Another important point I would like to make is that as these kids are graduating, that is, they no longer must attend the program—these kids just don't disappear into the woodwork.

Mr. **Phillips.** Are they happy to continue voluntarily on the program after completion?

Mr. **Barker.** Yes, because it is a mark of success. But they want to come down, they want to fortify the program, they want to give the strength they got from the program. This is the marvelous part. And the parents feel this.

Mr. **Phillips.** In the post-14-day program, you say they have to come regularly?

Mr. **Barker.** Three nights a week, plus one of the full weekend days.

Mr. **Phillips.** What do they do on those 3 nights they come?

Mr. **Barker.** They come to fortify the group. Now the oldtimers, who have learned their lessons well, are still with the newcomers who are rapping all day on their problems. What happens to them is that they are attending school, adjusting themselves in our society on the outside, and learning to handle it well. This wealth of experience is then handed back to the newcomers.

Another marvelous thing, when we started this program, those individual kids going back into the schools who didn't have another Seed kid to depend on, who were on their own, took a lot of abuse from other kids, and, yet, were able to stay straight. Now we have an army back in all these schools, 200 in one school, 150 in another, now branching out in three counties close to us, like Broward, Dade, Palm Beach, and Pinellas. Now we have groups of kids all over the State who want to be part of the program.

Mr. **Phillips.** Can you tell us how many schools are represented in Dade, Broward, and Pinellas counties?

Mr. **Barker.** In Broward County, almost every school. In Dade County, a number of schools. I can't give you the exact figures.

All I know is right now, only recently; before the documentary, we got a couple of people from Dade County desperate and searching for an answer. They had examined everything that they could find there and then come to the Seed. Because one of two were influential they started to talk to other people about the Seed program and the Seed program became known. In recent months, we have taken in 150 kids alone just from Dade County. That has grown on a daily basis. The juvenile court, the court of records, the judges, and the school systems are referring. We are really starting to get them in now.

Mr. **Phillips.** Are you capable of handling that if it is a new influx?

Mr. **Barker.** Yes, I started the Seed program out of my own pocket. You know, I am an ex-drunk. I got straight 16 years ago I was living in a wrecked car in back of a used car lot. I called it "the Hotel Chrysler." I didn't have any friends, I didn't have anything. I owned a raincoat, a torn shirt, a pair of pants, a pair of suede shoes—it was bitter cold. You know how cold it can get. And I had a dog by the name of "Brandy." If he had been born 3 years later, his name would have been "Wine."

But I had a chance to come back all the way and I started this. I worked as a volunteer in Bellevue Hospital, I worked as a volunteer in the court programs of New York. I was an entertainer. That was how I supported myself. Show business was not a way for me to become a star, it was a way of making a living. I didn't have to devote a great deal of time to it, fortunately, to make a decent living.

I don't have any degrees or anything like that. What I have is through what I have learned on my own and other failures I have seen. gradually working with the alcoholic back into the world of younger people, whom I identified so closely with, remembering my own childhood.

I went to professionals and told them of my ideas. Of course, they thought I was some kind of nut. I couldn't get professionals to listen to me, so it was necessary for me to start the Seed out of my own pocket. My wife and I started the Seed. We were fortunate enough to get a church to lend us a house. That is how we started. For a year and a half we supported ourselves out of the community—Kiwanis, Optimist Club, Lions, Rotaries, mothers and fathers of kids. I only applied for a Government grant out of desperation.

I really didn't want a Government grant. That might be strange for me to tell you, as a group of Congressmen, but I would like you to know exactly how I feel.

The Seed was started on the idea of if you have the faith of one grain of mustard seed, you can move a mountain. The word I substituted for "mountain" was "community." That was the point I was trying to make, that I wanted the community to support us.

I was naive enough at the time to believe that if we did the right thing with our lives, helped children, a lot of people would jump on the bandwagon. At the end of a year and a half, we had grown quite large. We desperately needed money, we desperately needed facilities. So we applied for a Government grant.

I was awarded a grant by the National Institute of Mental Health. I think it is the first such grant given to a guy like myself, without any psychiatrist or psychologist. I want you to know, if they had insisted on our having a bunch of psychiatrists and psychologists I would have told them to forget it. We would have kept struggling. I don't think they have the answers. I want to emphasize that.

I think when you are talking in the area of mental health, deep-rooted psychological problems, that is their bag. But you can't tell me that all of these kids, 70 to 85 percent of the kids who are using drugs today, have deep-rooted psychological problems. I don't believe it. What I have been doing for the last 2 years is proving it.

So we did get to a point where we started to get help. We got a small LEAA grant through Broward County and we have this NIMH grant. But most of our help still comes from the community. We are looking for help all the time. We are trying to stay away from a lot of the redtape and a lot of the things people try to tie us up to.

Mr. PHILLIPS. Could you tell us what the school reaction has been to your program?

Mr. **Barker**. When we first started, like everything else we ever did, we started the hard way. We got a few kids from the schools straight. A couple of teachers took their jobs in their hands by sending us kids. One of the most frightening things in the world for teachers in this country is when they confront a mother or father and say, "your kid is on drugs et cetera." Right away the parents threaten them: "I will have your job, I am taking you to court tomorrow morning." It is a darned shame. I will say this: that I don't think any teacher has gotten hurt in Broward County by referring kids to Seed. That is how it happened, because deans, counselors, teachers stuck their necks out.

There are still principals in Broward County who are absolutely ridiculous. They think they have no problem at all. That is ridiculous. The chief security officer of the schools in Broward County has publicly stated he only knows of 60 cases referred to him last year: and 441 of those 60 cases were referred to the Seed by the schools and another 1,000 of school age were referred that come directly from the parents.

I want you to know these things because this is the ridiculous nonsense that a program like mine has to put up with.

There are a lot of politics connected with drug programs. There is a great deal of money that comes in through your National Institute of Mental Health, through your mental health boards. There are psychologists and psychiatrists who would like to control that money. There are other programs that are worthless, that are not doing the job, that are very protective about what they are doing. There are other programs that are doing a good job. They are doing a good job with the older, hard-core heroin addicts who need help of the so-called long-term, "live-in" facility.

OK. But why wait until you get to a point where our country is falling apart at the seams. Why wait until the point that we are at today, where you must take a handful of hard-core heroin addicts and put them into a long-term, live-in facility, when our entire young society is falling apart at the seams? Some massive move has to be made. The Seed has made that move.

What I am trying to say to you is when we went into those schools slowly but surely, those teachers, those deans, those counselors, seeing our kids come back straight, were convinced that the Seed program was A-OK. We now have the official sanction, I suppose you would call it, of the entire school system of Broward County. They are 100-percent cooperative and behind us. The president of the school board of Broward County we have on our board of directors of the Seed, Dr. Lyle Anderson.

Incidentally, I would like Dr. Anderson to say a few words if you don't mind, and Judge Swan and Sister Therese Margaret. It will only be a couple of minutes apiece.

Mr. **Phillips**. One of the major things that have impressed me about the program is your population. Could you tell us something about the age of your population?

Mr. **Barker**. When I started, the average druggy who walked in the door was 20 years of age with 3 years of drug abuse. I used to go around making speeches saying it was going to be so bad in 2 years that it was going to wind up where 70 to 85 percent of the kids would be on drugs, and they will be younger and younger. Nobody listened. It has dropped 5 years in 2 years. The average age of the average boy and girl walking into Seed today is 15 years of age with 3 years of drug abuse. That is pretty frightening. That is how bad the drug scene has gotten. We have to do something and we have to do it now.

Mr. PHILLIPS. I was also stunned by the amount of drug abuse and the number of different drugs that these children have taken. Taking the average person in the program as being 15 years of age, and you have seen almost 1,800 of them, they have been extensively involved with all types of drugs; is that correct?

Mr. BARKER. That is correct. I would say between 70 and 75 percent of all the kids who come into Seed are abusers of drugs. There are four classifications that the Government recognizes: Experimenter, user, abuser, and addict. We don't have very many experimenters. There are only a couple of occasional pot smokers. Usually they are the kid brothers and sisters of those already in the program who are well into drugs. There is only a handful of users, users on an occasional basis. But the abuser of drugs is where the largest category fall into. About 20 percent of them are addicts. It doesn't sound like much until you take 20 percent of 1,800.

Mr. PHILLIPS. They have used every drug from heroin on down?

Mr. BARKER. Pot, hash, opium THC, MDA—you name it; all of the psychedelics. LSD, speed.

The one thing that I would like to state today is everybody wants to only hear about the hard core addicts and the hard narcotics—heroin, cocaine, morphine. But nobody wants to hear the other problem. Ninety percent of our kids that have come into the Seed program have been well into downs—barbiturates, tranquilizers. That is the dangerous thing today.

You have heard about kids taking the shot. These are your overdosers, mixing them with a little booze. This is the dangerous thing today, the combination of these kinds of drugs. And the kids are shooting that long before they are shooting heroin, if heroin is hard to come by.

Another thing, cocaine is readily available all over the place right now. You can buy that along with anything else. I have 1,800 kids. If I gave them 10 bucks apiece and they were back on drugs, I could send them out and all of them could be back in 20 minutes with a bag of something. All of our kids have said the school system is where they find the drugs and they can get all they want.

Mr. PHILLIPS. And they actually use the school facilities for shooting up?

Mr. BARKER. That is right. They get high in the bathroom, in the parking lot, the drugstore across the street, in the little place where the kids hang out. But that is where they get most of it, in the school system.

Mr. PHILLIPS. How many schools are represented at your particular facility?

Mr. BARKER. I don't know exactly how many schools. There must be 100-some schools. And we have the Catholic schools, too, and private schools.

Mr. PHILLIPS. Would you say the Catholic and private schools have the same problem as public schools?

Mr. **Barker**. I would say it is the same problem. We were talking before about counselors and teachers trying to teach drug abuse. One can't help but smile, being an Irish Catholic myself, thinking of some nice little nun there telling kids about drugs. It sort of breaks me up. I can see the kids going, oh, boy. But we have a Sister with us today, Sister Theresa Margaret, who has been assigned by the archdiocese of Miami to work with us in the area, in Catholic schools and everywhere else.

Chairman **Pepper**. It is 1:30 now. We were so interested in these fine young people who were testifying before. We are all interested in Mr. Barker, and I am sure the members of the committee wish to ask him some questions. I was concerned about Dr. Taylor and Judge Swann who are here. I have been advised that they are willing to wait until after lunch and that Dr. Anderson also is here. Unfortunately, the cafeteria is closed, but I understand there is a restaurant right across the street.

We will take a recess for about 40 minutes and then get back because we have a lot to do.

(Whereupon, at 1:30 p.m., the committee was recessed, to reconvene later the same day.)

Afternoon Session

Chairman **Pepper**. The committee will please come to order. I am awfully sorry that we have been running a little late. We have one of the important judges in our local area who is here. He has adjourned court and people are awaiting his return, and in view of his public responsibility, if it is agreeable with the committee, I will ask Mr. Barker if you will be good enough to let Judge Sepe come forward.

Judge Sepe, come right ahead, please. [Applause.]

STATEMENTS OF HON. ALFONSO C. SEPE, JUDGE, CRIMINAL COURT OF RECORD IN AND FOR DADE COUNTY, FLA.; AND HON. GEORGE BAUMGARTNER, MEMBER, COMMITTEE ON EDUCATION, STATE OF FLORIDA HOUSE OF REPRESENTATIVES

Chairman **Pepper**. I see you are recognized, Judge. It speaks well for your reputation. We are pleased to have you here. This is Judge Alfonso Sepe, distinguished judge of the criminal court; is it not?

Judge **Sepe**. Yes, sir.

Chairman **Pepper**. We are very happy to have you here today, Judge, and we appreciate your coming.

Judge **Sepe**. Thank you, sir.

Chairman **Pepper**. Mr. Phillips, would you inquire.

Mr. **Phillips**. Judge, we have your statement and we would like to incorporate it in the record. We know you are very busy.

Judge **Sepe**. I have modified that somewhat. I have spoken to Mr. Blumenfeld, and I would appreciate submitting a new one we brought with us.

Chairman **Pepper**. Judge, would you like to read your statement, or put it in the record and summarize it? What is your pleasure?

Judge **Sepe**. I would just as soon summarize.

Chairman **Pepper**. Without objection, your amended statement, Judge Sepe, will be included in the record, and you may go ahead and make whatever summary you would like to make.

Judge SEPE. Thank you, Chairman Pepper.

First, I would like to compliment and thank the committee for the interest that it has shown with regard to the drug problem. In the first place, I believe that the drug problem is a society problem, and I believe that the Congress of the United States, the Federal Government, at its level can act as a pump primer for local activities which really need a shot of spirit and some esprit de corps to combat this problem.

It is almost as if the local communities across the country are just wallowing along and drifting in 100 different directions when the citizens of this country face the same common problem, with the same common causes.

I have found from my experience as a prosecutor for 16 years, and now as a judge, that many of the drug problems are not really psychiatrically or psychologically rooted. They are problems that have grown out of a lack of discipline, whether that lack of discipline occurred from the home, the school, or wherever that youngster was associating.

It has come from the advertising industry, from the fact that we have refused to believe that drugs smell good, taste good, and feel good. We think that because we do not take drugs that they do not taste good, and feel good, and give people of all ages a euphoric feeling. They do.

We have not found a way to realistically combat the drug problem. We are closing the door after the horse gets out, and I think what we ought to do is keep it closed, keep the door closed for future generations while we rehabilitate the ones that have tragically become involved in drugs.

So, the search continues for the proper drug remedy, the drug rehabilitation remedy.

I am trying to abbreviate my statement because I know how pressed you are. In my opinion, the most essential need at the community level, and where the Federal Government can start, can inspire local communities to properly fight drug abuse is to provide for all of us, parents, and friends, relatives alike, teachers particularly, this great group of professional people who are being damned across the country for a problem that they never created, and a problem that they are required to solve, and yet we give them no tools to solve it, what we need is an involuntary commitment center program across the country, run by communities, by local communities where parents can take their children, and put them in the center whether their children like it or not, for the simple reason that we know better than they do what is good for them. It may be basic facts of life.

Schoolteachers know better than the parent what is best for those kids because the schoolteachers live with those kids while they are awake, a major portion of the day, and no school teachers in this country today, and I know in my community because I deal with them all of the time, particularly appreciates to see destruction or the breakdown in discipline in his schools, in her class, and to see children stoned or on drugs, or suspected to be on drugs, and stand helplessly by while they go on teaching geography, arithmetic, mathematics, and the like. And the teachers have only one choice today, as its disciplinary tool, for effective use of the disciplinary arm of the school, and that is suspension.

Well, by suspending kids from school we just send them on another holiday and invite further use of drugs. But, if we had an involuntary commitment center, and it had the stamp of Government approval on it, and that is what is important here, is that we must give respectability to the rehabilitation programs that we have by giving the license of Government and the stamp of Government, just like we are in reverse giving the respectability to the use of drugs by Government and science for failure to act when it should, and so you cannot move toward the legalization of any drug overground in the hope that you will undermine its use underground.

You are not going to drive drugs underground by legalizing it any more than we drove alcohol underground when we legalized it at the end of prohibition. Alcohol use is enormous today. The end of prohibition did not eliminate the use of alcohol, and the legalization of drugs is not going to eliminate drugs because they taste too good, and they feel too good, and the question is disciplining these children, and to keep them from using them, and to have sanctions in the law that prohibit it, and discourage it for those who will be discouraged and deterred from using it.

That is the secret, and the secret there is where are the most children centered? I recognize that the focus of this committee is on schools, but we are really talking about children of school age, whether they are in school or not, whether they are dropouts or not.

The character of drug use in the country has changed dramatically. The user, the person who is addicted and pushing drugs is no longer a cheap guy, a James Cagney or Dennis O'Keefe movie of the past. The drug user and pusher is the nice kid next door. Now he is becoming a financier and a supplier of the community.

Five years ago when I began fighting drugs we ran into people who were 16, 17, and 18 years old who had divided Dade County into sections and were suppliers of marihuana in those areas, and that is 5 and 6 years ago, and they were 16, 17, and 18, while the whole country was talking about organized crime having been the source of major drug use. Whether it is or is not is almost now, for purposes of at least my limited appearance here, immaterial.

What is fact, and what is important, is that no parent today, no teacher and no judge has a proper alternative to handle the youngsters on drugs. We need a center, an institute, a facility, a confinement facility where you can rehabilitate, rehabilitate a drug offender against his will, because no one on drugs, or, rather, people on drugs really want to help themselves.

And they are hardly ever motivated to do it. But, they are surrounded by loved ones, parents, schoolteachers, police officers, people like yourselves who want to do something about drugs, who have no place to turn. We can have hearings, after hearings, after hearings, but until we have centers across this country where we can take our kids and say, "Look, you are going there whether you like it or not, and you are going to stay there until you are sent back cured, whether you like it or not," then we will solve the drug problem while we continue to educate. And we have to continue to educate because drug prevention education is essential to drug prevention.

And while I am on that, I would like to again parenthetically remark that our drug education programs could stand a good review, and overreview if you want to use that word, because most of it has invited the use of drugs, accidentally and inadvertently.

The use of movies, for example, I think has invited the use of drugs. I know you have heard this. This is not the first time you have listened to testimony regarding drug use, and certainly you did not need to come to Miami to hear some of these fundamental points of view. But, nevertheless, with regard to education, while it continues, and it continues to buttress up our young, we also have to have intelligent rehabilitation programs.

To have a patchwork quilt kind of drug reform or drug rehabilitation program in any local community, to say nothing about across the United States, leaves you just that, it leaves you just patchwork and nothing else, and you have fragmented communities that have extensive, fragmented use of drugs spreading all over the place.

In my prepared statement I cite you many examples of people that I have come across, and that is only a mere perimeter, really, of the experiences I have had with the gory fact of drug usage. But, I would like to, I would like to just refer you to them when you get an opportunity to study that prepared statement.

I wanted to just highlight this important issue with you, an involuntary commitment center, if there is nothing else we will ever accomplish.

Mr. MURPHY. I would like to speak to that, Your Honor, if I may. At this time some of us in the Congress, tried to pass an involuntary center for returning GI's from Vietnam, but it was defeated in Congress. I am wondering how you are going to get this idea through to groups like the ACLU. Being a former prosecutor and an educated and learned man in the law, you know what I am talking about.

Judge SEPE. Of course.

Mr. MURPHY. They will give you arguments against freedom, so how would you overcome this?

Judge SEPE. One of the ways is by not legalizing the use of any drugs. No drugs should be legalized at all except those that are prescribed by physicians. Anything else is foolish. That is one thing, as long as it is illegal, the courts and the fraternal character of government, which government is beginning to assume takes over, and the ACLU lawyer, and ACLU people have their children going on drugs just like everybody else.

Mr. MURPHY. They are decidedly against it, Your Honor, they are dead set against it.

Judge SEPE. Or course, this is an experience I have to accept from you. I do not know that locally. They are not against it here, and what is more, they are not in the majority here, and on a local community basis, people that think as I do I think, represent a major point of view.

So, the ACLU people do not have to protest too loudly for the simple reason that while the commitment center is involuntary, parents can voluntarily take their children to an involuntary commitment center. No one says that the parents are forced to take their children to involuntary commitment centers, and the ACLU——

Mr. **Murphy**. Your Honor, we had testimony here today that parents refuse to recognize the fact that their kids in high school and grammar school are using drugs.

Mr. **Rangel**. Let me share this question with you, Your Honor, because in New York State we do have civil commitment. We do have involuntary commitment, but it is not working for two reasons:

One, the one Congressman Murphy has talked about, is not being used by parents, it is not being used by police officers, and it is not being used by teachers.

Judge **Sepe**. It depends on the type of involuntary commitment. In the back of my prepared statement is an outline, is a detailed description of what I am talking about in a letter sent to the Governor of this State, and the county manager of this county—of course, it is a home rule kind of county—in which it outlines that involuntary commitment center. There is no way for it not to work, no way.

In fact, if it works for only the people that use it, it works.

Mr. **Rangel**. OK. I will not knock that, and certainly I agree with what you have said here. But, in connection with your criticism of patchwork rehab centers, indeed, within a State, or throughout the Nation, Judge, no one in Congress wants this, either. The question and the problem that we are faced with is that everyone we talk with says that his program is the answer.

Judge **Sepe**. Maybe they are right.

Mr. **Rangel**. Well, when you talk about patchwork, how can you possibly have a Federal—when you have the National Institute of Mental Health, HEW, they are funding a variety of programs. Congressman Brasco and I have walked into some of the programs we have in the city of New York, and if sick people were not involved it would be funny how they are wasting money.

But everyone is afraid to ask the questions as to what is the degree of success, and then they say success is relative, you cannot talk in terms of this, it is the whole person, and we have no way of knowing.

So, what I am saying, Judge, is that I am going to study your document, but everyone's heart is bursting wide open to find something where the Federal Government can say, "Look, this is the best we have." We can call them, and they are begging for methadone clinics, but you go down the streets 10 blocks and they do not want any poison in their blood, and they do not want any addictive drug, and my community has never seen pot as bad, so I can understand the problem you may have in Miami. But, you know, it is straight, hard-core drugs, nothing in between, so they can love all they want, but it is a big problem.

Judge **Sepe**. I appreciate the complexity of your statement, and you are only really scratching the surface with your statement, which is obvious to me. But, nevertheless, Government is not going to be able to continue to pass the buck to the private sector of the community, and Government must have to, whether it likes it or not, finds it distasteful, it must ultimately give a single stamp of approval to one drug program. It is going to have to do that.

Mr. **Rangel**. Does it really, Judge?

Judge **Sepe**. Yes; I think so. I think too many people are feeling that the programs, themselves, do not have a rate of success that is compatible or consistent with the problem, itself. It is not keeping pace with the problem.

Mr. RANGEL. The Chairman introduced a bill, and we all support it, which makes a partnership with the private sector in terms of the public, and which is separate and apart from what we are talking about, but how would you object to us finding 200 programs, all different, all searching for an answer, asking them to account for their successes so that perhaps one day we could come and say we agree?

Judge SEPE. Fine. I do not contest the funding of any of it, any drug program, any one of them, Concept, Self-Help, any one of them, Spectrum, the Seed, all of these. I welcome the funding of all of those. But, there will come a day when one of them, or some of them, or an amalgamation of them will have to receive a sanction of Government, because there is no way for Government to remain silent with regard to the use of drugs and the rehabilitation of the drug user, and it does it by simply doling out money.

Mr. RANGEL. I agree. In New York the situation is so chaotic that no one wants to get caught in the position politically of not funding any rehab center, and all you have to be in Harlem is an ex-junkie, to make you an executive director of a program.

Judge SEPE. You are going to be running into that, you know, more and more. From the courts' point of view, and I think really and probably I am speaking for judges all across the country, and I am not saying anything that requires a genius to say this, but from the courts' point of view the alternatives for the judge are limited. They are either probation on the one hand, or jail on the other, and with this great twilight zone in between where most of the kids are.

Mr. BRASCO. Judge, might I just at this point ask a question?

Judge SEPE. Yes, Mr. Brasco.

Mr. BRASCO. I am inclined to agree with everything that has been said, and I think we are going to have to start evaluating, notwithstanding who feels slighted, and who yells the loudest, but evaluate and pick a program, or an amalgamation of programs that appears to be more successful than others.

Judge SEPE. Pick one and go.

Mr. BRASCO. Let me say this, Judge, one of the things that always disturbed me in my practice as a criminal lawyer for 10 years before I was elected to the Congress, is that there is no flexibility, and as a result thereof it seems to me the biggest job takes place in the courtroom, after someone is arrested for a drug-abuse-related crime, or possession of narcotics, or sale of narcotics, and that story goes something like this, men of the clergy come in, the teachers, and the parents, and they have one argument that sounds rather reasonable, and that is you are going to ruin this young person's life by giving them the stigma of a conviction, and lo and behold everyone starts running around looking for some kind of a program which would allow this individual to walk out of court, without having to face this spectrum of a conviction.

Now, that is a very valid reason for concerns. I have seen people who have been haunted for years over prior convictions, and they cannot even get a job digging ditches because someone asked "Have you ever been convicted of a crime?"

At the same time we are allowing these young people to take the concern of the adults, the prosecutors, the judges, the defense attorneys, the parents and the men of the cloth, and view that concern as an ineffective criminal court system, rather than a legitimate concern.

And I am wondering whether or not you would think it would be worthwhile if we set up a program whereby anyone who is apprehended would have to understand that either they are tried and acquitted, or plead guilty, and then I am sure for the first offense, probation would come in, which would work with the school and programs such as Seed. The only outstanding thing is what happens to that record of conviction?

Suppose we gave to the judge who was the convicting judge, or the judge that took the plea, the authority after the probationary period, if it is done satisfactorily, to wipe away that record of conviction, and just allow the police department, or any other law enforcement agency to keep it as a private record, nothing else, never have a public word spoken about it? Do you think we would have a more effective system?

Judge SEPE. Unquestionably. We have that in Florida already.

Mr. BRASCO. You have that?

Judge SEPE. Yes, sir. The judge has within his power——

Mr. BRASCO. Can the judge, himeslf, do away with the record?

Judge SEPE. He can withhold it. In other words, he does not have to give the individual a criminal record in the first place. He can simply withhold it, as I am doing with the Seed program, and I am a large advocate of Seed, as I am with Spectrum, Concept, and all of them, but with Seed I have a greater identification and a closer rapport. But, nevertheless, in my court I have a Seed counsel there who has, himself, been through all of this, and if I am going to get conned, he is not going to get conned, and so we have them in three of the criminal courts, and all of the juvenile courts, and the magistrate courts, and these are Seed magistrates, themselves. And we are moving into other courts, as well.

Now, where an individual is involved in the use of drugs, and he is under 21, and his parents, their parents are not going to fool around with the court. They are dealing with the life and health of their youngsters. So if this kid is worthy of being treated in a drug program, be it Seed, Spectrum, or any of the others, I can put him in a program as a term of probation, but he must live up to the terms of that drug program and if he does not, he goes to the State penitentiary. If he does, his record is wiped clean when he has completed the drug program, and return to his job and return back to his normal life.

Florida has had that for years.

However, I have asked, along with other programs, I have asked—and this is where the Congress can come in, you know—that this is written into a Florida statute, but as long as the FBI continues to remain totally insulated and immune from this, from a law enforcement level of ours, and they will not recognize that in those FBI records, because when you are fingerprinted and booked and mugged it goes to Washington and it stays there, and the only way to get any relief is out of the Congress of the United States, and that is where a trial judge of the stature of a criminal court in this country, or any county in the United States, determines that an individual should not have a criminal record, or that if he has one it should be obliterated, that the FBI must give comity and must recognize and yield to the judge's decision.

And only Federal legislation will do that, nothing else.

Mr. Rangel. Judge, the FBI does not even recognize a failure to get a conviction.

The arrest print turns up even if you are acquitted.

Judge Sepe. That is too bad. I do not say no one should eliminate that the arrest is there. If you are are arrested you are arrested, period. You cannot change that. I mean, if we are going to have a record system we have to have equity that goes with it, we have to have that and an arrest record can never be wiped away.

Mr. Brasco. What would be the difference, Judge?

Judge Sepe. Hold on a minute. For the record, what would be the difference?

Mr. Brasco. Suppose instead of asking, which a number of these applications do, have you ever been convicted of a crime, they just switch the question and say have you ever been arrested before.

Mr. Rangel. I share the concern of my colleague.

Mr. Keating. Mr. Chairman?

Mr. Brasco. It is either all or nothing at all.

Judge Sepe. You see, the FBI record does not play any role in this. They are either going to say, "Yes" or "No."

Mr. Keating. Mr. Chairman, may I make a comment, please?

Chairman Pepper. Yes.

Mr. Keating. My subcommittee on the Judiciary Committee in the Congress is considering this issue now as it relates to the FBI records, and as it relates to a number of other records. Frankly, it is a much more complicated subject than we are going to solve here today, and I think we are going off on a tangent. I think that what Congressman Brasco and yourself and Congressman Rangel has to say has a lot of merit, and it is a subject that needs a great deal of discussion, because there are just too many sides to this issue, and I do believe that a bill will be coming out of our subcommittee. But, I just think we are a little bit off on a tangent.

Judge Sepe. In a way we are, sir, and in a way we are not, for this reason: If the laws protect that individual so that this youngster can be handled by the law without destroying his life, and if one of the ways of doing it is by ratifying this end of inequity, for instance, in the end regarding the FBI, then we do not have to worry about relaxing the law. As we relax more and more law, we get a greater and greater acquiescence to the use of drugs, because every time Government says this is not so serious, you are inviting another multitude of people to do it.

And we have continued to do that as we have become more permissive, and as your discipline has broken down, and our laws likewise are doing the same thing.

Chairman Pepper. Mr. Brasco, have you any further questions of the judge?

Mr. Brasco. No, not at this time.

Chairman Pepper. Mr. Keating, have you?

Mr. Keating. I just want to make a comment to the judge.

Judge, I served on the bench for 9 years. I believe that the court needs greater flexibility in the imposition of sentences or the lack of imposition of sentences. I think the judge does need more tools. I think it is a great part of achieving justice and trying to reach the goal which is truly the rehabilitation of the individual before you and the protection of the public.

I do not think I will make any further comment on that. I agree that we need a coordination on drug programs, but to take a single program and fund it would be a mistake, because the competition between programs to some limited extent, if controlled, is good, because people do come up with new and innovative ideas occasionally, and they are worth the testing and the trial to see if they work out, maybe on pilot projects.

But, the proliferation of programs is a serious problem, I agree.

Judge SEPE. Yes.

Chairman PEPPER. Mr. Mann?

Mr. MANN. No questions.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. Your Honor, I would like to commend you for your concern. I practiced criminal law for 12 years before coming to Congress and I know the dilemma most juries find themselves in, but I, too, doubt whether one single program would work. I think we are in the infancy of this whole program of drug control. I am interested in what has been said and shown here by the Seed organization, but I think that there is a certain awakening that must be done in Congress, as you point out.

I went to Vietnam with Congressman Bob Steele, a Republican from Connecticut.

We reported on the use of heroin by our troops there to a subcommittee of the Armed Services Committee. This subcommittee's name was the Subcommittee on Alleged Drug Abuse in the Armed Services. So, I know what Mr. Barker is up against when he says that the county here shows 60 cases of drug abuse but that he has already processed some 400 to 500 cases.

I think the No. 1 problem is that the courts, the Congress, parents, and school systems should recognize that we have a very serious problem and all band together to work on it. May I also add that I appreciate your coming here today.

Judge SEPE. I appreciate being asked to come here.

I want to point out something about the involuntary commitment center before I leave, at least before I am through, and that is that when you have an involuntary commitment center you only have it with the courts as tools, and involving school teachers, they are reluctant to penalize people. They do not want to see them get involved with police personnel. There is a natural motherly tendency between the teacher and the student, whether that teacher is a man or a woman, and there is this feeling that they do not want to destroy that child. But, if the school systems have an institution or facility to which they could refer the youngsters that are involved in their schools, that are involved with drugs without involving police and the courts, you will take a major step toward the end of the use of drugs.

And so it is with parents, if they could say, if they could take their children under 21 and say you are going to that facility, you are eliminating crime, you are eliminating the use of the courts and you are reducing the cost of courts and police work, and you are giving the parents something, you are giving the parents some tools that they can have. Therefore, it will spread. I do not know about your experience in New York Mr. Rangel, except for the fact that if it did not work, that the problem is not in the philosophy of the idea, but the problem may be in the administration of the program there. I do not know.

But I do know that there is a tremendous need for it. No matter where you go, you will ask people who will come up to you and say I have got to put my child some place, and the only thing I can tell them is to become an informer for the police, and as soon as you find it in gloves in the closet or a shoe, or in an air-conditioning vent, to call the police, and they will come and arrest them, and testify so that the court can order him to a program.

As I was walking in, just a moment before I saw you, Senator, as I was walking in the lobby of the building a mother and a friend of hers were arguing with Mr. Barker because Mr. Barker cannot go out and just take their child and put them in his program. And they said I have got to do something for this child but can't. There is no place I can turn. I cannot call the police, I cannot call the teacher, and I cannot call the minister because no one will do any good anyway, and the psychiatrist will not except charge them $3,000 or $4,000, and that is the end of that.

So, this is what we are talking about as a practical end.

Mr. **Brasco.** You made a comment before that we put the jacket on the teachers, but this is an effort—these hearings—to expose the problem. I suspect that America at large does not even want to recognize it.

The point is, I do not say that the teachers have tools. I suspect that they do not, and that is the truth of the matter, but what really gripes the heck out of me, and I suppose I would not be a candidate for the Court of St. James, but what gripes the heck out of me is even here in Miami when someone was asked to do a survey of drug abuse in the schools, he could not get past the administration to get into the schools.

The schools do not want to even recognize that there is a problem. And that is where I fault them.

Judge **Sepe.** In my report I cover that very point, and there is no question. Do not misunderstand me. The administrators of the schools in Dade County, many of them ought to be fired from their jobs for the simple reason that they have flatly——

(Applause.)

Judge **Sepe** (continuing). They have flatly refused to recognize drug problems in their schools because they would rather be in a popularity contest with their PTA, and they are afraid that maybe people will say, "Well, gee, do not worry about that, that school is pretty bad, it is pretty full of drugs," so they say there are no drugs at all.

When we started drug program centers and, in fact, no one at the time in the United States, Senator, was involved in any drug education program until it was started here in Dade County in 1965 and 1966, and that was by the person who is speaking to you right now, and that school, those schools, the teachers, not the teachers, the principals of the schools would not admit that there were problems involved with their kids on drugs, and flatly refused to accept lectures or any kinds of programs at all, because it might have been an admission that they needed a drug program, until a principal at Treasure Island Elementary School asked me to go down and teach to the fifth and sixth grades back in 1965 and 1966 because two of the kids there were taking LSD, and that was then.

So, I am not disputing that part of it, Mr. Brasco. I just do not want, though, everybody in at the same time. I do not think if you had dealt with these teachers like I did, and I spent special time and lectured to them over six 1-hour television programs privately, educated these teachers, and they have literally done everything they possibly could to fight this problem.

But, they are bucking the administration of the schools in many instances, and the chairman of the school board, as well.

(Applause.)

Chairman **Pepper**. Mr. Rangel.

Mr. **Rangel**. Yes.

Judge, assuming we agree that we need a central rehab center for every community supported by the Federal Government, do you have any argument that this center could be a multimodality center where a person could be screened; then someone could make the determination as to what program would probably serve his background and the depth of his problems?

Judge **Sepe**. No. No. I had not even thought of that, frankly, Mr. Rangel. I happen to think that is an excellent idea, because as the Seed counselors have pointed out in my court, there are lots of times a kid should go to another program, and they would receive a greater benefit in another program than they would at Seed. And I think that is absolutely true. As long as we have, we have a single center, and let it be an amalgamation of all of them we have, but this is no way to approach a national problem in this cockeyed manner. We did not run our country this way, and our country did not develop this way, and we have no business solving a problem that way.

Thank you very much.

Chairman **Pepper**. Excuse me. Wait just a minute, Judge.

Had you finished, Mr. Rangel?

Mr. **Rangel**. Yes, I have.

Chairman **Pepper**. Judge, I just want to ask you two or three questions. We do not have the involuntary civil commitment program in Florida, do we?

Judge **Sepe**. No.

Chairman **Pepper**. The only way we can get anybody incarcerated into any of these treatment institutions is after that individual has been arrested for a felony and brought into court, and either pled guilty or been convicted, or possibly while awaiting trial. Is that included?

Judge **Sepe**. Yes. You are correct on that, Chairman Pepper. It does not have to be a felony. It can be a misdemeanor.

Chairman **Pepper**. Very well. So that the individual has got to have committed an offense, a misdemeanor or a felony, and have been apprehended and brought into court, subjected to the jurisdiction of the court?

Judge **Sepe**. Yes, sir.

Chairman **Pepper**. Now, how wide are your options even in that case in Dade County? You are a judge of the Criminal Court of Dade County.

By the way, just for the record, what is the jurisdiction of your court?

Judge **Sepe**. All offenses up through second-degree murder. As of January it is all offenses.

Chairman **Pepper**. All offenses. Now, then, what are the options open to you? We had one of the Seed young men, and he testified he had committed a number of robberies to get money to buy drugs.

Now, suppose that young man had been convicted of one of those robberies, and he had come before you for disposition. How many places are open for you to send him?

Judge **Sepe**. Jail, jail and probation, probation; and the courts across the country are beginning to utilize probation in greater degrees, and will in the future. Probation is going to be the main disposition of sentences as we move into the next 5 to 10 years.

But, as it is now, the supervision is deplorable because there are too many people that we are putting out on probation, and not enough people to supervise them. So, probation in many instances, particularly where you are involved with unorthodox problems of drugs, is they will be involved in drugs while they are on probation, so we will not really accomplish anything, we are not accomplishing too much that way. Those are the only two alternatives we have, jail or probation, and probation, you might as well find him not guilty and turn him loose.

Chairman **Pepper**. Now, if you put him on probation you have a probation officer, and the probation officer in most places we have heard about has 75 or 100 parolees, when they ought to have about 25.

Judge **Sepe**. About 35 is a representative average for probation officers.

Chairman **Pepper**. Now, then, what are the options open to your probation officers if you were to commit a youngster, a young man say, for armed robbery?

Judge **Sepe**. Commit him to what?

Chairman **Pepper**. What can the probation officer do?

Judge **Sepe**. If I commit him for a drug problem?

Chairman **Pepper**. I am getting at how many drug programs are open for you to commit him to?

Judge **Sepe**. The ones that are open to me are the ones which I have confidence in, and they will include the Seed, Self-help, Spectrum, Concept, Genesis. That is the one for just girls, and I do not mean to slight anyone. There might be one or two others, but those are generally the programs that are open.

I make the rules of the program the rules of probation, the terms of probation. If you violate the rule of the Seed, or the rule of Spectrum, you are violating probation, and your probation——

Chairman **Pepper**. You would commit the individual to go to that particular institute?

Judge **Sepe**. Yes, sir.

Chairman **Pepper**. Does the State pay anything for that?

Judge **Sepe**. No, sir. They are getting their money from HEW, and from Congress, and from LEAA.

Chairman **Pepper**. Now, the other day Mrs. Fletcher was here, and we had an award of $221,000 for Concept House which will enable them to take a good bit of the lagging that they had. They cannot take any more, but that is a relatively small institution, and they have got to have other money besides that money.

So far Mr. Barker has received $177,000 from the National Institute of Mental Health. Now, that is a small part of your budget, is it not? That is a relatively small part of your budget. So, if you send a young man from your court out to the Seed somebody has got to pay for it.

Judge **Sepe.** Now no one is, and we have sent about 20 percent of the kids in Seed, I think, that are from Dade; but they represent 162 kids from Dade County that are in a Broward County drug program where the school board of Broward County has sanctioned that program and has adopted it.

Dade County is dragging its feet, and that is where we are right now. We were just before the commissioners, the county commissioners.

Chairman **Pepper.** We have a program at the Jackson Memorial Hospital, but you do not commit people to that? You do not commit people to the one with Dr. Chambers?

Judge **Sepe.** No. No, sir. I would not do that until I am on drugs.

(Applause.)

Chairman **Pepper.** The county has a county stockade?

Judge **Sepe.** Yes, sir. They have a reliance program called Project Reliance, started by a person in the stockade, a person heavily involved in drugs, and when someone has to be committed to the stockade, and they are in drugs, I send them out to Reliance so that they are getting both, both being jailed and also some drug rehabilitation. The drug rehabilitation programs that are operating out of the division of corrections, in a very polite manner of speaking, leave a lot to be desired. They are well-intentioned, they are acting in good faith, but they do not do anything.

Chairman **Pepper.** Now, Dr. Sheppard's program for a long time was funded by the archbishop of the archdiocese of Miami.

Judge **Sepe.** The methadone program.

Chairman **Pepper.** Yes.

Judge **Sepe.** When you talk with me about it, we have a philosophical problem here. I do not approve of the use of any drug agent to get anybody off of drugs. I do not believe in methadone and never did from the very beginning.

(Applause.)

Chairman **Pepper.** Mr. Murphy, did you want to ask a question?

Mr. **Murphy.** Yes. A personal aside, Your Honor. I know there are a few courageous judges like yourself in the Chicago area which I represent. What if the young lad you put on probation, goes out and commits serious crimes? What is your experience in that area and what do the newspapers do to you?

Judge **Sepe.** Well, first of all, obviously I have not had that experience yet because I am still here, but the newspapers would bury me, although I think now they might be a little different. You are talking about the one with the robbery, now?

Mr. **Murphy.** Right. I know a lot of judges who are fearful of putting some of these kids like Larry on probation. If he commits an armed robbery or something happens, and there is a shooting, then the judge's career is on the line.

Judge **Sepe.** Yes, it is the chance you take, but if you get good—here is where that probation department comes in if we are talking about it still being connected with drugs—if they do a good job in giving you a good thorough background when you sentence someone, you are as insulated as you ever could be from making a mistake.

If a guy could walk around normally, and then all of a sudden kill 10 people, I do not think we can worry about that. We have to take our chances, and the public seems to understand if it gets the right play when it is done, if you get a good press when it is done, and it backfires, there is something in the public that will understand that you took a chance and it did not work, and the next time you do not, or you go on and take another chance.

I guess that is what we will do here. With these drug kids, however, it is another story because every time, you know, you see you can release a robber and the chances of him involving, becoming involved or creating another robber are like one in a million, but you know every time you release a person on drugs to the community, he will multiply like rabbits. I mean, far more than rabbits, and that is the problem you have every time you release one.

Chairman **Pepper.** Excuse me, Judge. I want you to keep your seat a minute.

Mr. Baumgartner, will you come up for a minute?

This is George Baumgartner, who is a member of the House of Representatives in the Florida Legislature, and he is on the education committee.

Statement of Hon. George Baumgartner

Chairman **Pepper.** Mr. Baumgartner, will you tell us about the tragic episode you told me about this morning over at Jackson?

Mr. **Baumgartner.** Thank you, Mr. Pepper. I came for several reasons today, but I think probably the most pressing is that yesterday morning my superintendent came in and advised me that his son was found dead in Broward County.

Chairman **Pepper.** How old?

Mr. **Baumgartner.** Seventeen years old. He had been away from home a little over a year under the conditions of the Seed boys and girls, young adults expressed here in the early portion, and to make sure that it was an overdose they did an autopsy, and this happened just yesterday morning at 7 o'clock.

Chairman **Pepper.** Now, that is just an example of the tragedy. Had that young man been in school?

Mr. **Baumgartner.** He had dropped out of school, 16 years old.

Chairman **Pepper.** Now, Mr. Baumgartner, you are on the education committee of the legislature and you heard Judge Sepe tell about the limited options that are open. Here we are, Members of Congress and you a member of the Florida Legislature, and what can we do? Have you all had programs in the legislature to try to deal with this problem?

Mr. **Baumgartner.** I am going to be a little more candid even than Judge Sepe has been with the administration of the Dade County School Board in our schools, and having served 2 years on the education committee, and gone through some 250 bills in the last legislative session, the obsession with our school system is to feed it money, and not take care of the needs of the people who are in the system, our children. And I will give you a good example.

It is a Dade County policy that if you withdraw your children in the last week of school they are not allowed to be shown as a completed graduate in that school year simply because of the loss of dollars under our daily average attendance system, that the dollars are allocated to our schools throughout the State. This type of thinking, and narrow thinking as it is, is carried on through in a number of programs.

It has come to our attention in the legislature that the schoolteacher is really not the person at fault for not reporting. The administration is not backing up the schoolteachers. And it is my understanding that the authority can be delegated by the school board to the principals, and in this county it has been.

The principal then delegates that authority on his discretion to his teaching staff. In a large number of our schools in Dade County the principals will not do this. The teachers have come to us in numbers throughout the State and told us that they had no authority to control, reprimand, or even issue discipline to the children, the type of discipline that you were speaking about earlier, and so on.

This is not true within every school in our county, but it is true in the vast majority of them. Our school system and those people who are familiar with Dade County recall the vast cuts in jobs. I think they were talking about 600 people who were going to lose their jobs in the school system because of a predicted loss of income from the State to the school system. But, in actuality, they will receive over $2.5 million more money in the coming school year than they did in the past school year.

We are under an equalization, school equalization formula which penalizes a particular county if their tax assessor has underassessed the ad valorem property of which the maximum millage in any school district is 10 mills. The balance of the money is put in by the State of Florida out of general revenues, out of appropriations, so in actuality our school system got more money, will have more money in the coming year than they had in the past year. The problem is really in their priorities, and I do not feel that many of the programs that are being conducted within our schools are the top priorities in relation to the problems that exist within the school system. And this drug education problem and the programs are not effective.

The average person—and I get a number of calls like Judge Sepe does, what do I do with my child, what do I do with my child, they think that the child just started yesterday. It is not true. Two and three years ago that child started, and for 2 or 3 years he has been able to, he or she has been able to keep it from his parents. You do not know what to look for as a parent. The average parent does not know what to look for.

They do not recognize the drug symptoms. There has never been a major campaign, so to speak, to educate the parent. I do not think we are going to educate the children through the programs that are in the schools.

Judge Sepe. I would like to tell you an experience I had.

Mr. Brasco. Judge, before you start, let me just say I must leave. I have to get back to New York, and I wanted to say that it has been a pleasure for me to be here, and we certainly will remember all of the things that have occurred here when we get back to Washington.

Thank you, Mr. Chairman, and again, I think you have served the country well. [Applause.]

Judge Sepe. For several years, when I was executive assistant to the State attorney, one of my duties was to lecture to the graduating class of teachers at the University of Miami. In my last appearance there, which was before I ran for the office that I hold now, I had lectured to this group of teachers. They were to be teachers of an elementary school, elementary grade school teachers, and I had gone through the symptoms of drugs, and what to look for in class, and I had described all of the drugs and told them all of these different things. At the end of the lecture one of the teachers raised her hand and said, "Mr. Sepe," she said, "how can I teach kids in my class, my sixth graders, not to smoke marihuana when I do, myself?" And with that other teachers raised their hands and said—made the same statement to me—they were 4 days short of the graduation and they represented the teachers who were smoking marihuana. They represented one-ninth of this graduating class.

So, needless to say, they did not graduate then. I am saying this because again I make reference to this in this report. I did not tell you this story in my report, but I made reference to this fact, that cocaine is going to be your major drug in the next 3 or 4 years. It is now getting worse. So will alcohol among young people. What has kept alcohol from the low levels of the junior high school, and under, and below the high school level has been the difficult way for it to be carried around.

But, as they seem to become more ingenious, these kids, they are finding more and more ways of carrying alcohol around, and it will become as used as any of the other drugs, even at low levels. Even now we are finding a growing number of alcoholics at 15, 16; but cocaine will be your future drug. The drugs are cutting into professional level of life. Young professional doctors, lawyers, accountants, in surveys across the country, junior executives in management and business, they are finding more and more of them on drugs. This thing occurred 3 years ago, and I just told you about the representation in the teaching profession, so there is a problem there, as well as the administration in the schools. There is no question about that.

I just wanted to give you that illustration.

Chairman Pepper. Thank you, Judge.

Mr. Baumgartner, it is very obvious that the legislature and we of the Congress are going to have to help devise programs and provide guidelines with the help of the local authorities, the educational people, the medical field, and those in program leadership.

This lady of whom you spoke, Judge, had already spoken to me before I went to lunch, pleading with me to help her get somewhere to obtain help for her daughter who is an addict.

Judge Sepe. Who is over 21.

Chairman Pepper. Over 21, and too old, evidently, for some of the other institutions. What could I tell her? What would you tell her? What can we do for her unless she is convicted of an offense, or unless we can get one of these institutions to take her in?

Today you read in the paper of the three mothers who testified. One of them was a lady who told about her son, and how he kept on using drugs and finally he strangled to death her 5-year-old daughter. She had tears in her eyes when she said she could not get anybody to help her, "I could not get anybody to help me."

Well, we hardly know where to go for help, either, and that is the terrible tragedy, the deficiency we have in our system today.

Judge SEPE. Less than 1 year ago a very handsome couple, 20 years old, stood in front of me. This is absolutely true, just a handsome young couple, right? Married couple and the couple was there, and the brother of the husband was there standing before me charged with drug violations.

The husband began to tremble in court, and just passed out in court and died 5 days later from drugs. He passed out, alive, but you might as well say that he died in front of me because he never regained consciousness.

They pumped him, they took his liver and put him on some kind of a machine, they did everything they could at Jackson, but he died 5 days later, at the age of 20.

Chairman PEPPER. Judge, we certainly thank you and Mr. Baumgartner for coming here today.

Judge SEPE. Thank you. [Applause.]

(Judge Sepe's prepared statement follows:)

PREPARED STATEMENT OF HON. ALFONSO C. SEPE, JUDGE, CRIMINAL COURT OF RECORD IN AND FOR DADE COUNTY, FLA.

Gentlemen: I am extremely proud as a member of the Judiciary of Dade County to appear before your Committee; and, representative of my private and official character, I am sincerely grateful that this committee has taken, on behalf of the citizens of the United States, the study of this tragic and debilitating national disease—drug abuse.

The interest your Committee has shown has already planted the seeds of a great hope that drug abuse may have peaked, and with concerted joint effort by the Federal, State and local Governments, drug abuse will be eliminated from the life style of America.

I unhesitatingly use the phrase "eliminated from the life style of America" because I do not believe that that neither this Committee nor any thinking American chooses to accept, as we have done with crime and alcoholism, a semi-peaceful co-existence with a growing drug cult. So, it pleases me immensely as a citizen of this country and as a Judge who has searched for remedies, punishments, appropriate sentences—in fact justice itself—for those afflicted by the use and traffic in drugs. Tragically, the use of drugs in such a prevalent manner, by the nature of its rapid growth, has altered the concept or image of the trafficker, the dealer, the supplier, and now, possibly, the financier.

Where once we vehemently condemned the pusher, dealer, supplier and financier, we now must pause—before the law severely condemns them, because now the pusher, dealer, supplier and financier may either be in school, a teenage drop-out, a member of the college intellectual community, at the post-graduate level, or, most alarmingly, among the young professional set.

So, the justice system is torn apart. On one hand it wishes to vigorously punish in the hope that it will deter those who might be inclined to follow in the offender's footsteps, while on the other hand it wants to rehabilitate, restructure, and restore that same pusher, dealer, supplier and financier when often such an individual is really the fellow next door or the clean-cut high school or college graduate, the Ph.D. or Master of Arts student, or even the young lawyer, accountant, or doctor.

Let me, then, thank you sincerely for your genuine interest in everybody's problem and for your fervent desire to seek an answer, or even the beginning of an answer. There will be many Americans who will and should be deeply grateful to you long after these memories have faded.

I know you have not embarked on this service for any gratitude; nevertheless, such dedicated public officials whose service may save America will earn the gratitude of a healthy nation.

The hope that your interest in the drug problem promises is not that an answer or the beginning of an answer will be found, but equally important is that Government is more interested than ever before. Through your interest and your prodding, I am confident that State and local Governments will become more highly motivated to join with you in solving America's number one problem.

I am hopeful that the conclusions of your hearings and study will show that all drug prevention and rehabilitation programs must be government-funded and sponsored, since this is a community or society's problem. Apparently the duty to solve this problem has fallen squarely on the shoulders of government. That being the case, government should fund the programs that hold a promise of success.

At present, virtually every drug rehabilitation program in existence, at least in this community, is privately sponsored and funded, except for some who were able to secure Federal grants for partial support. This patchwork quilt method of rehabilitating drug offenders is inadequate and in most cases a failure. Money, time, and effort are wasted. The drug offender, instead of being rehabilitated, is often in worse condition than when he began his drug rehabilitation program. The Courts do not know officially which programs to sanction as an effective arm of the Court, since local government has made little attempt to provide our community with a single, uniform and officially-recognized drug rehabilitation program which would remain under the careful scrutiny of the Courts, the Government, and the press.

I would like to list for you all of the factors that have contributed to and encouraged the growth of the drug culture. Time will not permit this, so in passing I would like to call your attention to several of the many factors that have outrageously contributed to a large part of the drug culture.

Why do today's youth so easily yield to temptation offered by their peers? Why has the use of drugs spread so quickly? Instant pleasure, instant happiness, and an "enjoy it while you're young" philosophy, coupled with the disgraceful morality in our entertainment industry that reaches the front pages of every magazine, newspaper, and on the television screens every single day, are some of the factors contributing to the psychology that invites drug abuse. When these people are foisted upon or thrust upon our youngsters as examples of paragons of virtue, when some of the sickening views of famous or popular members of the entertainment world are published as the pontifications of experts, it's no wonder to me that we don't have more than just drug abuse as a problem among our younger generation.

A blatant example of what I am talking about was a performance given befor thousands of young people by one of the most popular rock groups in the country. It was a benefit performance—the youth were told to take the price of the ticket and go out and buy some LSD.

The advertising industry is another cause, since through advertising, no matter what the media of expression, citizens and young people have been encouraged to find artificial crutches for minor ailments or problems that should have either been ignored or handled by the individual without chemical help.

For example, a television commercial for a well-known headache and tension-relieving pill shows a woman facing a simple stress situation, which she obviously can't handle without becoming emotionally upset. She then runs for the pill, and suddenly everything is beautiful. Not only does the commercial promote the product, but in doing so inculcates in all of the impressionable viewers the lesson that stress situations could be solved by chemistry rather than the exercise of common sense, intellectual judgment, sound character, or simple personal fortitude—all of the ingredients a normal individual possesses in his arsenal for human behavior.

Many of our adults have become pill-poppers, and if they have children they set an unfortunate example for them. Our enterprising drug or pill manufacturers have manufactured pills to make you fat, to make you thin, to wake you up, to put you to sleep, to help you have a baby, to prevent you from having a baby, to relieve minor tension, muscular pain, and headache pain, to slow you down, to speed you up, to give you energy, etc., etc., etc. While of course I do not discourage the use of pain-killing or pain-relieving drugs, I do deplore the easy over-the-counter sale of non-prescription pills of the type I have just described. In one way or another, these are killers.

Idleness is another one of the great causes of delinquency and drug abuse among young people. While this Committee's attention is drawn specifically to the use of drugs in our schools, we are really talking about the use of drugs among young people. If these young people are spectators, watching the world speed by while they do nothing mentally or physically, they are prime candidates for self-indulgence, lethargy, and self-degradation.

An idle mind and body have time and opportunity to think of everything and nothing at the same time, and to feel everything and nothing at the same time. Experimentation, both a danger and a promise for the young, is a Frankenstein for the idle and the do-nothings.

The "pot" at the end of the rainbow is the fruit of the search for those youngsters who are always looking for things to do. Instead of cursing these youngsters with idleness, society must provide them with mental and physical activity compatible not only with their intellect and physical fitness, but also with America's fast pace of life.

If this and similar activity continue unabated, we will have reached the stage where drug abuse has become as ingrained in our national character as alcohol, the classic drug of abuse. Nevertheless, we must once again re-examine the extensive use of alchol in this country.

Alcohol is one of the greatest problems in America. It is a drink, a habit, an imprisonment, a way and fact of life, and a hell.

Alcohol, along with drugs, may destroy this country. The adults, while they lustfully drink their cocktails at one party after another, day after day, holiday after holiday, facetiously condemn our young who are on drugs, while the alcoholic intake of this country is staggering and its effect shocking.

Ninety-five million Americans consume approximately 30.3 gallons of alcohol each year. This has caused approximately ten million alcoholics, resulting in a fifteen-billion dollar drain on the economy. Ten billion dollars is lost in work time; two billion dollars for health and welfare services; and three billion dollars for property damage, medical expenses, and other miscellaneous costs.

One-third of all criminal homicides and one-half of all traffic deaths (28,000 recently) are connected to drinking. The percentage of highway carnage, as with all crime, is higher among persons between 16 and 24, and we are also seeing a growing number of alcoholics who have not yet reached the age of 15. Social workers, Juvenile Court Judges, probation officers, and some of the drug rehabilitation programs that admit people of all ages will attest to this tragedy. We have become so hypocritical with regard to the use of drugs that we will, on one hand, condemn for those younger than ourselves the use of drugs to which we don't relate, and accept for ourselves, on the other hand, the use of drugs to which they don't relate.

These latest statistics can be found in a 121-page report on alcohol and alcoholism prepared for Congress by HEW. These figures relate to the year 1970, which was found to have the highest alcohol consumption level since they started keeping records in 1850, with the most dramatic increase since 1961. 1971 figures are not yet in, but they will be even higher.

Who in their right mind still wishes that alcohol remain a part of our culture to father even worse problems in the future, and who, with a little thought, will still acknowledge that by declaring alcohol legal and bringing it "out in the open" this country has reduced the alcoholic intake since the end of prohibition?

This is, in substance, the artificial argument made by those who wish to legalize the use of drugs. Anything that tastes good, feels good, and smells good will not be driven underground by legalizing it for use above ground, even though it is extremely injurious to mental, physical, moral, and spiritual health.

A large body of Americans who respect the law and will not engage in an illegal act, however minor, would have in the past benefited, will now in the present, and can in the future benefit if a far-sighted, clear-thinking legislative body withdraws the stamp of respectability for any form of behavior that is so injurious to the core and character of American society.

Realistically, fewer people can use a product that is less available when illegal than a product such as drugs, which taste good, feel good, and smell good—when legal. Simply put, these dangerous drugs will be more available to more people when they are legal. They will invite more usage and will make it far more difficult for parents and teachers to teach non-usage when the law has sanctioned their use.

Another argument against the prohibition of alcohol or any other drug, including marijuana, is that it will end the enormous profiteering and illegal empire-building similar to those born in the era of prohibition. This is fallacious. The answer would be in better law enforcement directed against the profiteers and empire-builders through police and law enforcement personnel with a higher degree of integrity than existed during prohibition; but, to turn on a whole nation to alcohol or drugs by acquiescing to its popularity and the number of those who use it on the strength that profiteering will end with its legalization, condemns for all time the principle that good common sense is the father of all law and that society is filled with a body of people who do know better than others what's best for all.

I emphasize this focus on alcohol because every single report, study, or position taken regarding marijuana compares this insidious, deceptive, unnecessary drug to alcohol. No matter how favorable to marijuana the report or study is, including the report by Dr. McGlothin, you will find within it the statement that "marijuana is no worse than alcohol." Therefore, I have shown you how bad alcohol is, without conceding that marijuana is less harmful or simply equal to its danger.

Why cause, by our inaction or premature disposition to sanction what appear to be harmless drugs in a country that is so undisciplined it cannot refrain from over-indulgence, the addition of another dangerous and deleterious substance?

If we're going to tackle the drug problem, it has to be the entire problem, not just the part of it which will cause the adults no inconvenience, or displeasure.

I am not presently advocating another prohibition; but, I repudiate the rationale behind the relaxation of our drug laws if this relaxation is based solely on a comparison with prohibition. There are two distinct philosophies involved. Prohibition tried to close the open door after the horse got out. After the lessons of prohibition, the law should keep the closed door closed.

Consistent with this thinking, I strongly and vigorously oppose the legalization of any drug, including marijuana. No generation of youngsters will ever learn to stay away from drugs if it is legal to use them.

They were given the vote on the argument that if they were old enough to fight they were old enough to vote. I say if they're old enough to fight and old enough to vote, they're old enough to respect the law, and until they demonstrate that respect, the law should not be bent to accommodate them.

So, also, must the continual irresponsible dialogue espousing the harmlessness of marijuana long before the final verdict is in, cease. The research on marijuana is not even in third gear; yet, irresponsible public officials decry the illegality of a substance that might destroy this country and ruin generations of future American citizens.

We have looked upon jail sentences imposed for simple possession of marijuana and called this inhumane, thereby abandoning what could have been a national, effective deterrence for those youngsters who would have refrained from the use of marijuana simply from the fear of punishment. Instead, we have in effect licensed its use—given marijuana the credential it doesn't deserve, the credential of respectability.

Our intellectual community, our legislators and our press inadvertently joined in a dangerous partnership when, together, they minimized the danger, damage and importance of marijuana in the community. Notwithstanding the fact that research is under way, addicts and heavy drug users will repeatedly tell you that marijuana is the basic drug that opened the Pandora's box, by conditioning their minds to the use of other drugs.

In the face of these lessons, our legislature, the intellectual community, and foolish public officials have picked up the banner of permissiveness to ingratiate themselves with the young generation for votes and support, announcing that marijuana is "not so harmful," or "just like alcohol," and penalties should be abolished.

I once watched a weed multiply itself and destroy my lawn. Unless those of us who are still responsible act quickly and sternly, we will watch a weed kill our country.

Equally hypocritical is the failure of our Federal regulatory agencies to take consistent positions involving substances injurious to our health. The Federal Communications Commission has banned cigarette advertising on television because smoking is a health hazard; but, it isn't a health hazard, apparently, if they advertise in the newspapers, on billboards, in nationally-distributed magazines, and in posters on vehicles traveling in interstate commerce.

So it is with drugs. It's common knowledge now that amphetamines and methamphetamines have no medical value whatsoever, except in rare circumstances. Notwithstanding this, Government—Federal and local—has failed to ban the sale, delivery and prescription of amphetamines and methamphetamines. I strongly and vigorously support the prohibition of these drugs in interstate commerce since they have no medical use worthy of mass production.

Basically, Gentlemen, the problem in the fight against drugs is not only the best drug rehabilitation program or the best system to prevent the importation and smuggling of drugs, or the best method to police our national drug manufacturers to prevent the diversion into the illegal market of legally-manufactured drugs, but most importantly, drug prevention through education.

By education, though, I do not mean only that kind of education limited to the schoolroom. The best form of education known to man has been and always will be the example that one fellow man sets for another, the example one parent sets for his child, one public official for a youngster or a private citizen.

Learning by example, learning through osmosis, learning by living, is the most universally accepted and finest system we know.

Each of us graduates from this college. From this learning—learning from experience—is born the real wisdom of the ages; but, in the last ten years or so, America has chosen to abandon the wisdom it acquired from the lessons of man's history. Now we no longer think of learning except through formal education, yet formal education represents only one minutia of the many ways each of us learns his lessons of life.

So what do we do as adults? We find ways to have bigger, better, and more frequent cocktail parties, social hours, and so on. We continue to take our pills; to find shortcuts, ways to get out of hard work; to find artificial crutches to support us in minor crises. We look for every possible way to insulate our children from disappointments, disillusionments, minor crises in their early life, for fear they would become unhappy, when in reality if these youngsters faced their crises, disillusionments, and disappointments and learned how to handle them and rise above them, they would have received the necessary training to equip them to handle the major crises as adults and parents, themselves.

While I deplore the argument advanced by the young generation that, "You have your alcohol, we have our marijuana," as hypocritical and nothing but a phony rationale by them to justify excessive self-indulgence in pleasure and euphoria, it is inescapably true that we do have our alcohol and they do have their drugs, and they have their drugs because we had our alcohol for well over a hundred years. We have found every single way to indulge ourselves in every pleasure, irrespective of its damage to each of us psychologically or to the nation emotionally.

Now we're paying the tab. The price has been the growing number of youngsters turning to drugs for artificial pleasure, escapism, and company.

With the growing amount of idleness plagueing the young minds and bodies, our youngsters are becoming increasingly less capable of even living with themselves. They are learning to detest their own thoughts and feelings. They search for God in a bottle of pills or at the end of a hypodermic needle. This problem has reached monstrous proportions now that the use of drugs has already invaded the professions.

Reports of surveys and studies are beginning to appear in newspapers around the country showing that an increasing number of young professionals, cutting across all walks of life, and all professions, are turning to drugs. It's no comfort to me that America's soothsayers predict that no matter how large the drug cult gets or who it embraces, it will always represent a minority of America. America can be destroyed by a large minority, particularly when nations exist that are bent on destroying us, if not by war, by peace and competition. They are totally free of the use of drugs, and because of a more spartan life led by their citizens who, despite published reports, are not too unhappy living under the red flag, are mentally, morally and physically healthier than Americans.

If every public official and citizen truly recognizes that while we may not be at war with a major Communist power in the world, we are at least in competition with them for survival, and that if we are to survive, it will be only if we are mentally sound and physically strong. This soundness and strength will not be ours to own if our life style remains as soft as it is, getting softer every day, and we continue to use our drugs, becoming dependent only on those who remain free of drugs and hard at work. The latter will be the decreasing minority of the future, and unless we are careful, America will not be in the black, but in the red.

Locally, as a prosecutor, I saw this problem emerge in 1966 for the first time on any major scale.

A distraught woman sat in my office, tears streaming down her cheeks, and reported to me that she had intercepted a letter written by her 17-year old daughter to the girl's boyfried. The letter said, in part:

"I couldn't get ahold of any grass this weekend and it's blowing my mind. It's like a nautousness (sic) inside when I can't get it . . .

"I'm so hung up on it now you wouldn't believe it. It's so weird, I've almost completely lost my crave for cigarettes. I don't know what the risks are getting busted around here. I don't know what I'd do if I ever landed up in jail or something. I feel as though I'm living in a dream world . . ."

A phone rang. A young female voice said her name was Carrie. She was in the seventh grade. She called me because her best friend, who was 10, was using cocaine and Carrie was afraid for her. She wanted to know how she could help her.

A baby-faced 9-year old was brought in by a concerned neighbor. He and his 12-year old brother had been thrown out of their home by their father and older brothers because neither of them would help the father or the older brothers sell marijuana. Both of the boys smoked marijuana when they were 8.

A high school honor student sat and told me of students going into class stoned, and the teachers did not even know it because they couldn't recognize the symptoms, or if they did, did nothing about it.

I watched a beautiful 16-year old girl being wheeled out of a movie theater on a stretcher, screaming that rats and roaches were coming out of the furniture. Her boyfriend trailed behind her, shouting at her to "look inside herself," to "look into the other world." Several months later I asked the girl to come to my office. She told me she had taken LSD a half-hour before going to the theater, but that since that night continued flashbacks had frightened her, and she was fearful of what would now happen to her unborn children.

The problem was coming through.

Calls to my office from desperate parents sky-rocketed. These parents were helpless. They didn't even know, nor had ever heard of, any of the drugs and the words used in the drug glossary. The parents needed education, not just to help them understand these youngsters, but also to teach them that the luxury of trusting their young children had come to an end in America. New ways had to be found to restructure and re-establish the discipline in the family. For it is discipline and love in a balanced juxtaposition that is truly the great drug preventative.

It's not necessarily a broken home or working parents or a busy father who seems to have little time for his son or daughter that causes drug abuse. It is the quality and not the quantity of time spent with the children that invites the presence or absence of drugs among them. As a matter of fact, I know of many parents who would do well for their youngsters if they saw less of them. In fact, society would do well if they removed these parents from the youngsters altogether. In so many instances where the family unit has been kept together, the example set by the mother and father has been so atrocious that it is no wonder the youngsters didn't turn to drugs at an earlier age, and I have seen them turn to drugs at the fourth and fifth grade level.

In those early days of 1966–1967, I felt it my duty to appear before the Dade County School Board to urge them to institute drug education programs as part of the regular curriculum in the elementary schools. They did.

In the ensuing months of that early period, our teachers, who had heretofore been totally unfamiliar with the nomenclature of drugs, their detection, and the handling of our young charges, needed to be taught. I taught them, by the use of closed-circuit television in six one-half hour television programs beamed straight to the school teachers.

The parents could not be neglected, however, so I formed a Speaker's Bureau, using eager law students and other Assistant State Attorneys, to accept invitations to speak to any group of any size on the identification and problems of drugs and what we believed then to be preventative measures.

I first had to teach the Speaker's Bureau. I did, and my Speaker's Bureau accounted for scores of speeches. I personally spoke to three or four hundred organizations such as the PTA, Rotary, Kiwanis, Lions, Civitan, Optimist, breakfast clubs, Elks Clubs, women's organizations, college clubs, college, high school and elementary classes, teachers' groups, professional and business groups, church groups, and so on. In those days the only ones who refused to listen were parents who foolishly believed that their child would never take a drug, and school principals, jealous of the name of the school, and refusing to entertain any drug program for fear that to them it would be a public admission of personal or professional failure. These school principals put their own selfish, ambitious interests above the moral health and safety of the students entrusted to their professional custody. This was a community disgrace, and its residue remains to this day as a monument to stupidity and cruelty.

Presently, there are many school administrators who still won't acknowledge the use of drugs within their school, despite the fact that many of their students are stoned while in class. Such school principals or administrators discourage visiting lecturers, drug programs, and information and enlightenment for fear that if the parents learned of the true extent of drug abuse, the school doors might be shut down or the principal transferred.

It's impossible to decipher their ignorant rationale. Yet the problem continues to grow worse.

I attempted to enlighten the teachers, principals and parents by distributing the very first drug literature in Dade County describing the symptoms and effects of drugs, and was happy to distribute over 50,000 pieces of literature through the PTA's and other various civic organizations. Unlimited quantities of give-away, up-to-date literature on all drugs were made available to the public for their asking This drug exhibit (indicating) was put together by my secretaries, my investigators, and myself as a visual aid for my drug lectures. I used it when I lectured to the elementary schools, junior high schools and every adult organization wanting to hear me. Since the kinds wanted us to "tell it like it is," I used actual photographs provided me by the Medical Examiners of Philadelphia and Dade County of persons of all ages dying from the overdose of drugs.

I did not believe in films and never used one because I felt they were asinine, puerile, amateurish, and an insult to the intelligence of the audience, whether that audience was of an elementary, junior high school, high school, or college level.

I believed then, as I do now, that those drug films probably enticed or encouraged the use of drugs more than they prevented them.

I was able to enlist the aid, free of charge to the community, of the South Florida Association of Advertisers, who contributed their skill and talents to put on an advertising campaign to deglamorize the use of drugs.

Southern Bell Telephone System agreed to allow my publication of the symptoms and effects of drugs to be published in the Bell Tel News, which was included with every telephone bill mailed to their customers in October, 1968.

At that time some of Florida's drug or narcotic laws needed major change. Certain harmful drugs were not illegal. The police could get a search warrant for an ounce of marijuana contained within a dwelling house, but could not get one for a ton of LSD or amphetamines or barbiturates. The State needed immunity powers to force users, pushers or dealers to disclose the source of their supply, so they couldn't hide behind the protection of the Fifth Amendment.

This is where I came face to face for the first time with the immense power that could be harnessed and wielded by the women of a community. I went to the women's organizations. They joined me and supported every recommended piece of legislation, calling for the reform of our drug laws. These reforms, under the pressure of popular will and the perserverence by these women's organizations, were passed.

The ever-changing needs of the public required a continual alert to the evils of drugs. I appeared regularly on local radio and television drug shows. In fact, I counseled America's first award-winning drug program which was televised nationally on CBS called, "Drugs are Like That."

Besides enlisting the aid of the women's organizations to reform our drug laws, I was able to commandeer the power of the Dade County Grand Jury to also recommend legislative reform and to undertake innovations in the enforcement of our drug laws. I am proud to say that in addition to endorsing my proposals, the Grand Jury singled me out for commendation on two occasions for my fight against drug abuse. As recently as this year, the 1971 Fall Term Grand Jury commended me twice in their report for my work and cooperation with them in our never-ending search for solutions.

Prior to my resignation from the State Attorney's Office as the Executive Assistant to the State Attorney to seek election as Judge of the Criminal Court, I was the Chairman of the Drug Abuse Committee of the Florida Prosecuting Attorneys' Association and was the Chief of the Narcotics Division of the State Attorney's Office. In that dual capacity I was enabled to enlist the cooperation of the State Attorneys throughout the State of Florida in a uniform concerted program to fight drug abuse. The programs that I had instituted in Dade County became the hallmark and example for many communities in our State under which the State Attorneys entertained jurisdiction. As a result, I was the first honoree by my colleagues of the "Distinguished Prosecutor's Award" by the Florida Prosecuting Attorneys' Association for the work done in Dade County to fight drug abuse.

However, there were two highlights in my battle against drug abuse as a prosecutor. As Chairman of the Drug Abuse Committee of the Florida Prosecuting Attorneys' Association, I was asked to lead and did put together a Drug Abuse Seminar for the benefit of law enforcement officers, prosecutors and legislators through the State of Florida. This Seminar was held in Tallahassee, the State's capital, and is claimed to have been the most productive and interesting Seminar ever conducted by the Florida Prosecuting Attorneys' Association. For the first time in history a Seminar was conducted for the benefit of legislators to familiarize or acquaint them with the problem first-hand as seen through the eye of the prosecutor. It is the prosecutor, more than any other individual or agency next to the police, that sees all of the ravages and tragedy of drug abuse.

Secondly, and interestingly, I began learning from narcotic agents that the use of LSD among young people was unexplainably increasing at an alarming rate.

This terribly dangerous hallucinogenic drug was being mass-produced by illegal mini-chemical factories in the black market. Bathrooms and basements in America were becoming the new laboratories of this horrifying science.

I saw an ad in a periodical advertising for 50¢ the United States Patent for the manufacture of LSD. To test the ad's accuracy, I sent for the patent according to the address given in the ad, and on credit, received the patent in the mail. It was surely the United States Patent for the LSD formula.

I was incensed and outraged at the simplicity with which any person could secure the LSD formula. This was especially dangerous since so many intelligent Americans are experts in chemistry.

Through the assistance of the father of another Assistant State Attorney, I was able to meet with representatives of the American Bar Association Patent Committee, which by coincidence was meeting in Ft. Lauderdale. One of the members was a possible Presidential choice as the United States Commissioner of Patents. I informed this Committee and this individual of these facts, and asked them to pursue my cause to close the holes and remove the laxity with which patents of this nature could be so easily and readily secured.

I later learned for the first time that the United States Patent Office discovered upon inquiry by these gentlemen that the LSD formula patent or copyright was missing from its file. Steps were thereafter immediately taken to tighten up the security of the United States Patent Office.

Please excuse the references to my own history of our fight against drug abuse. I have done so not to glorify my own name, but to provide you with credentials so that my message might be given due consideration by you.

If there is anything that I have learned from 14 years experience as a prosecutor, and now a year and a half on the Criminal Court bench in Dade County, it is that much of the blame for delinquency, youthful crime, and now extensive use of drugs, has been put in the psychiatric or psychological basket, when in fact the root causes of these social ills are matters of simple, basic values that do not need sophisticated psychological and psychiatric analysis or treatment.

So, drug abuse, as is delinquency and all other youthful crime, is really a value issue. The intellect plays little or no role in the decision-making process when a youngster engages in the use of drugs or enters the drug culture.

We must bear in mind, as the records show, that with the great affluent society we have, our young people have more, so their need for material gain and ambition turns in a different direction. Ambition can still be inculcated in all of our youngsters, but it is the direction of our ambition that needs to be carefully nurtured.

Industry has polluted our air and water. It has cemented over beautiful forests, open fields, grassy meadows. We have erected one building after another, destroying our beaches and all the natural beauty surrounding us. We have put too many man-made obstacles between that young, flexible, impressionable youngster and the love and miracle of the natural beauty of God's hand. It's no wonder that it's hard for these youngsters to accept God as a real friend and guiding love.

So, while we have inflated our dollar, we have depreciated the values of our young.

Our churches still emit from the pulpits prayers, sermons by rote; monologue and monotone remain the same. So, our churches are losing their children, and those that attend just put in their time, and that includes adults as well.

These, and many others for which I do not have the time, are the problems of today that have contributed to or failed to prevent the use and traffic of drugs.

It's appalling that in many of our schools drug prevention is taught like arithmetic, geography and history, with the foolish expectation that kids will learn to stay away from drugs simply because you teach them the names and effects of drugs, and show a movie to them now and then. Drug prevention through education has completely failed in this community, and unless drug education programs are sophisticated to zero in on the real causes of drug abuse, we will have no prevention at all.

The use of drugs we all know now extends over a wide spectrum, from the fourth grade to the young professional. It cuts across religious and color barriers. The poor, the middle class, and the rich suffer from this affliction. Homes are being destroyed daily, parents demoralized as they watch their family disintegrate before their eyes because one or more of their youngsters have foolishly undertaken a journey into the drug world.

We have lost control of our children and our right to discipline them or assume appropriate custody until they are 21. Recent laws passed by Congress and other local laws have served to aggravate the deterioration of parental control over their young. This is an essential ingredient for the creation of a well-balanced, structured adult. These laws have carried with them the baggage of psychological liberation. Parents are finding it increasingly more difficult to retain the kind of custody over their youngsters and to impose the type of discipline over them that is required to protect the youngster from himself and the temptations of the teenage world.

It's axiomatic that responsibility and maturity are the foundation of liberation. Yet, today's America, with its extended educational process, its obsession for vacations, idleness, little or no work, self-indulgence and pleasure—delays and retards the maturity of its young.

So, although our youngsters mature later, the law has given them an independence much too early. I'm not surprised when these youngsters who physiologically, biologically, morally, mentally, and emotionally are in their most fragile, delicate stage, crumble into pieces and take drugs when they face their first crisis or adverse experience.

In the face of these obvious experiences observed by each of us if we would simply open our eyes and think clearly for a moment, we have unreasonably and unintelligently given our late-maturing youngsters a freedom and liberty—yes, and even a responsibility—their immaturity is incapable of commanding.

Despite their inexperience and immaturity, emotionally and mentally; despite the knowledge we have learned through the experiences of mankind, that young people do not know what's best for them, we adults have become their audience for a message of enlightenment when it should be the other way around.

None of use would require a physician to have had cancer or a heart attack before we would permit him to disagnose our cancer or heart ailment. Yet, in defiance of our own common sense, we let our youngsters decide for us what's best for them simply because they are young and we aren't, and simply because they take drugs and we don't.

How old this experience is! Even Mark Twain spoke of it when he recognized that at 18 his father was stupid, but at 21 he was amazed at how much his father had learned in three years.

Has the adult generation in present America truly passed the buck? Isn't it odd and confusing that when we were young we were taught to listen to our elders, and now that we are the elders, we are being taught to listen to the young?

These values must be rechanneled so that experience and time-honored values and virtues become the "in" thing. Discipline must reassert its role in our life style. Many of us who have studied and lived with the drug problem from the very beginning have always believed that much of the drug problem can be attributed not to psychological or psychiatric causes, but to lack of discipline and structure in the youngster's life style. This is true for the youngsters in the college and young professional set as well. They are discipline problems, though they manifest their lack of discipline in less noticeable or dramatic ways than possibly those younger than themselves. If these youngsters, even in the highest levels of the educational community, exercised appropriate discipline over themselves, they would find neither occasion nor irresistable invitation to employ drugs for artificial relaxation or pleasure.

We have learned from our local experiences that this discipline must come equally from the home as well as the paternal nature of government. The government that promotes permissiveness and that fails to require responsibility is inept and causes a lack of discipline in its young. The problems of rearing children in modern America are far more complex than years ago. There are more outside temptations that can disrupt or invade family life. Sometimes even for good parents these outside influences are overwhelming. No one has taken up the slack in the interest of a solid, healthy future.

Only the Government—be it local, State or Federal—by the exercise of its laws and the example it sets by its interest in the application of those laws can assist hopeless and helpless parents established and provide discipline for the youngsters.

Delinquency, drug abuse, crime (most of which is committed by people between the ages of 15 and 24) will be eliminated if every American youngster is again reminded that he is still a youngster with a lot to learn—that he must develop a love for himself, his family, his fellow man, his country, and his God. These virtues are timeless and ageless. They will always prevent all that is bad or evil. They will always promote all that is good and decent.

We have talked of some of the causes of drug abuse and of some of the ways to prevent it; yet, there remains a problem of doing something about those unfortunates who are afflicted and addicted. In all of my experience, one of the finest programs I have discovered is The Seed. I believe I have found a miracle. It is the answer. Not for Dade County. Not for Florida. But for America.

This program, born two years ago in a small shack in Ft. Lauderdale, is now a larger shack in Ft. Lauderdale. Through its doors have entered 1500 dregs of society—youngsters between the ages of 9 and well over 30, who were helpless and hopeless—given up by society, destined to grow into adults on the other side of the handouts and wallowing or languishing in a drug gutter with death or disease waiting to beset them explosively at any moment.

Out of those same doors, the doors of The Seed, have passed those same young people as beautiful Americans, returned to their families and homes, mentally, morally, spiritually, and patriotically straight—not simply off drugs, but turned on to the virtues the drug cult abandoned as square.

In two years the Seed has a 90% rate of success. It's difficult to tell in evaluating the 10%, whether The Seed failed them or they failed The Seed. No other program can boast the statistical rate of success. As important as this is, unequivocably no other program can claim the spiritual, mental, and moral renaissance of its patients and their families.

Ecologically speaking, effluent entered through one end and crystal pure water exited the other.

So much confidence do I have in this program because so much beauty and love is in the hearts and souls of these former drug addicts, these young beautiful people, that I have placed my personal reputation and the reputation of the Court I represent on the line. I have placed a Seed counselor in my Court to advise me so that I can order certain defendants to The Seed rather than utilize the only two alternatives I have as a Judge, which is jail on one hand, or ineffective probation on the other. Two other Judges of the Criminal Court now have Seed counselors providing the same service to their Courts. The Juvenile Court Judges also have adopted the Seed program in Dade County.

The Seed has become an integral and indispensable part of the administration of justice. Hope has returned to the forgotten citizens of America—the parents of drug-ridden children.

In Broward County, the School Board has officially sanctioned the use of Seed as part of the disciplinary arm of the school system, so that the schools of Broward County can refer those students whom they detect to be on drugs to the Seed. The City of Plantation, for example, has allocated $100 per child who is committed to The Seed out of the City of Plantation.

And so it goes, this little Seed from which a great tree—bearing a new, beautiful fruit of morally, spiritually, physically, and patriotically young Americans, will grow.

Your belief in me need not rest on my credits alone. As a matter of fact, I would prefer that you be the devil's advocate and contest what I say, so that you will, by your intellectual honesty, invite yourself to visit The Seed, examine its work, interview its children, scrutinize its program, and interrogate its founder, Art Barker.

If, when you are through, some doubt remains, speak to the parents of these youngsters. Not only of those that are presently in the program, but those that have graduated. Learn of the records of these youngsters before and after their adventure with The Seed. Examine their academic progress before and after;

their familiar relationships before and after; their goals, ambitions, and drives, before and after; their dedication and devotion to themselves, their families, their country, their God.

And then you—like I—will be their disciple, so that the message of The Seed, through your august body, will be spread across our land.

There is a by-product or benefit of The Seed related to its high rate of rehabilitation. The principles that make The Seed work should and must be the basis for effective drug prevention education. Our drug prevention and education programs must be styled or tailored after the principles of Seed.

These Seed principles can and must be utilized as the guts of effective drug abuse education. The youngsters within The Seed program who no longer know how to lie will tell you, for example, that marijuana must never be legalized; that the films shown in the schools enticed more youngsters to use drugs than ever conceived by any of us; that the peer group therapy that forces these kids to bare the truth about themselves as the first step toward their return must be modified as a drug prevention technique.

Peer acceptance within our schools has always been a fact of life. Because many of our traditional values were superficial, they have not been able to withstand the assault of modern-day temptations. The learning from The Seed will, with proper tailoring, be the most effective drug prevention program we have yet to devise. The Seed will create, is creating, an anti-drug peer cult that will reach, if we encourage it, enormous magnitude surpassing the present drug cult. Eventually, the in-group will be the anti-drug group. The Seed will do this, I promise you.

Because the law, in liberating youngsters prematurely and at various stages in their growth and development, has contributed to the loss of control by parents over their children necessary for the youngsters' proper adjustment in an adult society, the law must now compensate by giving back to the parents a disciplinary tool to restore to the family cell respect for authority and the law, and particularly respect for the family's solidarity. One such tool is the creation of an involuntary commitment center for the treatment and rehabilitation of the drug offender.

Now parents are helpless when they discover their youngsters are delinquent or heavily using drugs, because the only remedy available to them is law enforcement. They do not wish to, nor should society encourage them to report their children to the police for violations of our drug laws. America does not stand for an informant system where parent turns against child, or vice versa. But, if an involuntary commitment center were available to the local community, these parents would happily commit their youngsters to such a facility to save their youngsters future, their lives, and their careers, rather than do nothing as they do now because the only alternative is the police.

These youngsters would not be released from the center until they have reached the stage of maximum cure, and then only upon the approval of the Court who entertained the original petition filed by the parents in the first place. No police would ever be involved. No parent would risk the danger that their youngsters, by the constructive act of their parents, acquire a criminal record, be fingerprinted, booked, or their mug shots taken.

Not only would this be a useful and beneficial tool to give additional authority to fathers and mothers, but it also would be a tremendous value to the School Boards throughout the country. School principals and teachers who presently ignore violations of the drug laws because to recognize them would require them to report their students to the police—and this is antagonistic to the philosophy of many school teachers—would, if such facilities were available to them, report their erring students. They in turn would be committed to the centers without involving law enforcement personnel. Naturally, escape from the center by the youngster would invite penal sanctions.

In keeping with the philosophy of drug prevention by programs that deter as well as deglamorize, not only the use of drugs, but also martyrdom that comes from being jailed or suspensions from school that are really vacations, is a public chores work program for every community.

Simply stated, this is public KP—a program where youngsters who are neither involuntarily committed to a treatment center nor jailed, are put to work on their free time, such as holidays, weekends, vacations, or school suspensions, for the county or community whose laws they violated, or for the schools whose regulations they disobeyed. They would constitute a work force, working on their free time as outlined, to perform ecological labor like cleaning out vacant tracts of land that had accummulated rubbish, garbage and trash; cleaning out the banks of rivers and streams and lakes; cleaning out the islands of our bays filled with all kinds of trash and rubbish, spoiling the enjoyment of the islands for your law-abiding citizens; provide services for extra trash pick-ups; scrub out public buildings and bathrooms; paint and clean up public property; pickup rubbish, trash, and garbage in the alleys and back yards of your squalid slum areas, ridding these areas of roaches, rats and vermin that plague the health of the underprivileged; and, perform otherwise a host of services, labor and duties that any imaginative public official could conceive for the public good.

Presently denied these services because they're expensive, they would now be available to the taxpayer at no extra cost; and this work would be excellent for the youngsters committed to the program as well.

We must reduce the idle hours they have. Busy people don't get into trouble. Hard work has never created a criminal.

Furthermore, putting these young people to work who have been suspended from school removes any idea that suspensions are vacations. It gives these kids whose parents have to work during the day supervision and something to do that is beneficial. Suspension would no longer be a nightmare for the parents or the school because the youngster had to hang around all day unable to go to school or work, and possibly unsupervised because his parents were at work.

The schools would welcome this program for the same reasons they would welcome the involuntary commitment program. In this manner a new disciplinary tool is afforded the school systems, and through this disciplinary tool the school would report more violators, would bypass the police, and would have an effective means to establish respect for the rules of the school and order in the classrooms, which apparently is quickly fading from the scene.

I think it's time for our country to begin to rethink its treatment of the young. He, the youthful offender, is literally being killed with kindness. Parents have lost confidence in themselves. Absence of punishment and discipline now prevade the philosophy of too many of our homes. Parents are either finding it "too much trouble to go to" to discipline their children beginning at an early age, or they're afraid that by their discipline, their children will think that they don't love them.

So, looking at society as a whole, with little or no discipline in the homes, little or no discipline in the schools, a lessening of discipline through our laws, a rejection of stiff penalties for many of the indulgences of the young, where does a citizen look for this thing called "discipline?"

Our parents are crying for help and our schools are asking for more teeth in their power to discipline. By turning a deaf ear to our schools we have in effect senselessly muzzled a toothless dog, rendering it helpless in the proper motherhood of the young entrusted to its care.

Instead of killing these kids with kindness and permissiveness, let's love them with discipline and understanding. The schools must be given, by law, greater authority than they have. Eliminate ideleness, rebuild your family life, return values to a value-bankrupt country, restore discipline to the schools and the home, and America will be rebuilt. These are not impossible tasks, just difficult at the moment.

Gentlemen, I passionately urge you to take or recommend bold new imaginative and innovative programs to rebuild America for its citizens as a present for its 200th birthday.

As I have looked down from my bench at the parade of the bad and the evil that stands before me charged with either violating our drug laws or committing heinous crimes through the use of drugs, I sense in my small way a national betrayal to our history. Government's inactivity is an affront to the giants of the past whose very presence in American society moved mountains and ended crises that seemed incapable of solution.

The war in the streets of modern-day America is no less a battleground than Valley Forge, Gettysburg, the Argonne Forest, the Philippines, and the mountains and valleys of North Korea and South Vietnam. It is only the enemy that's different.

The tide of battle had to change. Victory always came after near defeat. Americans throughout our country, if they really want to, will also win the ferocious war being waged in the streets of our cities. Unless men like yourselves, who give of yourselves, light they way and lead the followers, there will not only be the most horrifying spread of drug abuse the world has ever seen, leading to the demise of a nation, who among the community of nations is but a teenager itself in its 200th year, but also, the coffers of every local, State, and Federal community will have to be earmarked solely for the rehabilitation of the drug abuser and the mentally ill, and unfortunately the rest of society's ills would have to be neglected in the process.

Mental illness is beginning to be commonplace in the Criminal Courts. The roots of this new mental illness, are found in the early use of drugs and alcohol. This doesn't improve as the months go by. Rather, it increases as the years pass.

Within five years the bell will toll for America unless swift, definitive, decisive and imaginative action is taken.

The choice, Gentlemen, is not to love your country or leave it; it's really to love it, criticize it, and improve it.

Let's do it yesterday!

APPENDIX

PROPOSAL TO GOVERNOR OF STATE OF FLORIDA FOR DRUG RESEARCH AND TREATMENT CENTER

CRIMINAL COURT OF RECORD,
DADE COUNTY,
Miami, Fla., April 12, 1972.

HON. REUBIN ASKEW,
Governor,
State of Florida,
Tallakassee, Fla.

DEAR GOVERNOR ASKEW: Any further failure or delay by Florida to immediately institute progressive and modern drug programs to fight the growing rise in drug usage and addiction is a complete surrender to the problem. The state's silence or half baked pretense to solve this drug problem is a disgrace to our state and a message to the citizens that the terror of drugs that each of us feels really doesn't exist. The state has buried its head in the ground for years hoping that when it lifts its head from the hole, the problem will have gone away.

Respectfully, Governor, citizens across the state are living lives of great despair either because they're on drugs, addicted to drugs, or their children or loved ones are drug users. Society offers them no help.

Drugs were public enemy number one long before the President of the United States gave it its title. We here in Dade County learned of this in 1967 and 68. Florida's only answer to the drug problem is a law creating a drug research center somewhere in the state which has remained unfunded since its passage. The courts were left with jail as its only weapon. I have learned from my experience as a prosecutor for sixteen years and as a Criminal Court Judge since January 6, 1971, the criminal penalties alone are grossly insufficient to eliminate the use and traffic of drugs. As a member of the judiciary of our state, I need additional weapons in our arsenal. I seek to eliminate totally the use and traffic of all drugs. I do not believe in co-existence with drugs any more than I believe in co-existence with crime. Once we set our minds to it, we will eliminate both.

Accordingly, I have the following recommendations which I offer to you for your consideration and study in the very sincere and ardent hope that you will lend the auspices of your great office and personal prestige to their immediate implementation.

1. The immediate creation of a drug research and treatment center for Dade County and every heavy populated area of Florida.
2. Authority given to the courts of criminal jurisdiction to issue involuntary civil commitments for addicts or individuals in imminent danger of becoming addicts, whether before trial, during trial, after conviction or sentence.
3. The right of citizens and parents to petition the courts of criminal jurisdiction to issue voluntary commitments to the center.
4. The responsibility for the operation, control and development of the drug treatment and research center to be shared equally between the Division of Corrections and the Department or Board of Health.
5. Severe penalties for escape from the center.
6. Provision to authorize the committing judge who makes the final determination that the individual has received maximum cure to erase from the individual's record the proceedings that brought about the institutionalization of the patient. This should be applied only in instances of voluntary commitment or where parents submit their children voluntarily for the forcible commitment.
7. Securing the use of heroin or other appropriate drugs under proper medical safeguards wherever the treatment of the addict demands it.

Firstly, we must fund for every heavily populated area in the state a drug treatment and research center staffed with the finest equipment and personnel that money can buy. I am speaking of psychiatrists, psychologists, counselors, welfare workers, and other personnel where needs arise. These centers must never be built or funded on a shoestring. We must go first class. We can ill afford to travel across this turbulent sea in a leaking row boat.

Architectural design and space are vital to these centers. They must not appear morbid and possess the rejecting awesomeness of a jail, but instead offer the warmth and invitational atmosphere of a sanctuary of hope and repair. The grounds must be spacious, with plenty of room for growth and development to anticipate (unlike we have with our expressways) heavy and expanded usage. I would not want a treatment and research center for Dade County to be outmoded when it opens its doors for the first time.

These centers must be within reach of our populace areas so that families of the inmates or patients have access to them. Part of the program, in its final stages, would inevitably be a phasing out of the patient into the normal mainstream of life, freed finally from the imprisonment of his addiction. His loved ones must always be nearby for visitation and that all important final phase of treatment when he begins receiving privileges to spend increasingly more time at home.

Secondly, legislation must be passed to provide for the civil commitment and treatment of addicts and individuals who are in imminent danger of becoming addicted through the use of drugs. Two citizens can institute incompetency proceedings on sworn affidavits in a County Judges Court to initiate proceedings that could ultimately institutionalize an incompetent, but we have no similar way to institutionalize and treat an addict. However, the civil commitment process that I am speaking of now must be within the structure of the administration of justice; that is, courts with criminal jurisdiction must be empowered to issue civil commitments, both voluntary and involuntary, whenever it has become necessary to issue such a commitment. As an inducement to encourage addicts, heavy drug users and parents of drug users to submit to voluntary commitment, the court making the determination to commit must be given legal authority to eliminate from the record the proceedings causing the confinement of the individual. The judge should also be given this authority, where the ends of justice will best be served, in situtations where the court ordered an involuntary commitment as well.

There will be two forms of commitment, voluntary and involuntary, and these commitments apply to all drugs, including alcohol and marijuana, but under certain limited conditions regarding marijuana. A judge with criminal jurisdiction must be given the authority when, either before trial, during trial, after conviction and even after sentence, whenever there has been proof offered to him that the individual charged with a crime, whether a violation of the drug laws or other criminal laws, is an addict or in imminent danger of becoming one, to involuntarily commit such individual to the center and that the criminal proceedings be suspended accordingly. Such an individual cannot be released from the center until he has been certified by the appropriate medical staff as having reached maximum cure and returned to the court having committed him for final hearing. At this time, based on the justice of the case, the rehabilitation of the individual and the needs of society, the court, in its wisdom, can proceed with the case or terminate it with the conclusion of the hearing.

Equally important is the parents' right to commit their children involuntarily where the child is an addict, etc. This has been a vital need in our community for years and I am sure throughout Florida. We have inadvertently created a peculiar situation in the law and in the country. While all of us know from our experience that a youngster between the ages of 17 and 21 in a majority of the cases is financially dependent upon his parents, we call him an adult for purposes of prosecution in the criminal court at 17, an adult for purposes of voting at 18, and a minor for some of the civil purposes until he's 21. These contradictions in the law, plus the more liberal permissive way of life developed in America over the past decade, have contributed to the loss of control over those youngsters between these ages, though those youngsters are still dependent upon them for all forms of support. This age group constitutes one of the largest percentages of drug abusers. These youngsters are the ones who are and have been marijuana smokers, pill takers, glue sniffers, etc. Many of them have now graduated to hard drug addiction. They are demoralizing and disrupting homes and families by the thousands. They set terrible examples for their younger brothers and sisters. Their parents live in torment and under a hell that is undescribable, yet we offer no help. We must give these people a tough, but loving and kindly hand of relief by giving them the right to petition the courts of criminal jurisdiction to issue a civil commitment to forcibly institutionalize the youngster under 21 until he too has reached maximum cure. This is particularly effective and important in the treatment of marijuana smoking, or in the early stages of any growing dangerous drug habit.

Thirdly, with regard to voluntary commitment alone. We must realize that the greatest war against heroin importation in history is taking place under President Nixon. As that becomes more successful and heroin more scarce, the addict must turn to either more crime or to push more drugs to meet the higher prices to satisfy his habit. Other drugs will equally become more scarce. As these individuals become less capable of satisfying their hunger for drugs, they will need a place to go for help. All we offer today are criminal penalties. They must get arrested for a crime, get hooked and go through the entire criminal booking process and then jailed. Incidentally, this happens also to be true for the teachers who are reluctant to report drug users in their schools because they don't want to see the youngsters treated as criminals, picked up by police, booked, mugged, fingerprinted and then journey through the criminal court. If we had the kind of drug research and treatment center that I advocate, we would give these people the sanctuary they need. To assist in the treatment of certain drug addicts, including the heroin addict, the medical staff of the center might find it necessary to administer, in steadily decreasing doses, to the patient the very drug to which he is addicted. This will require, in certain instances, federal sanctions or license to administer drugs such as heroin and other federally controlled drugs under the specific provisions of this legislation. Cooperation from the federal government will be extremely important to guarantee the success of such a program. Admittedly, this will be one of the difficult steps: that is, to secure under extreme safeguards the legalization of certain drugs for the restricted use under the provisions of this legislation. Furthermore, the public will need to be educated into a state of confidence that this experiment may be the final or only solution to the problem.

Once they have voluntarily committed themselves for help and cure, they will not be permitted to voluntarily leave until they have reached the stage of maximum cure and also been certified back to the court that issued the voluntary commitment. To make this possible, the treatment and research center must look and be inviting—not frightening. This legislation must carry with it severe penalties for escape. It must also carry with it a legislative intent negating the criminalization of drug addiction and usage, but offering society's helping hand as well.

This center must be run in conjunction with the Division of Corrections and the State Board or Department of Health. The future will present new horizons from the learning and experience from our research in drugs. This is a health problem as well: so, law enforcement and the Board of Health must work together, sharing equally in the responsibilities and the treatment and care of these sorry individuals. The future will create agencies within these agencies and there will be needs to interchange patients from one agency to another. We must permit in advance an easy method by which these agencies can transfer patients interchangeably. We can do this by placing the responsibility for this program on both departments.

A further benefit occurs from this. It is time now for the public to see another side of law enforcement. We must re-establish respect for our judicial system, law enforcement and the Division of Corrections—not only in the young, but in the old as well. This will offer a great step in that direction. Give the judges of Florida who have criminal jurisdiction these great tools as alternatives and you will have given Florida a new hope and promise for a healthy posterity. Crime will decrease. There will be less psychological and physical damage to property and people. We will have eliminated one other cause of great unhappiness to the parents of our state and our community. We, I think along the way, have forgotten the vested right parents have in protecting their young and in the peace of mind they are entitled to from the knowledge that everything has been done by them and society to best assure their youngster a healthy adulthood.

The cost of the program is, admittedly and of necessity, enormously expensive, but sooner or later we will have to have such drug treatment and research centers. The longer we wait, the higher the cost. Meanwhile, however, the cost in the United States alone through the use of drugs is $250 a year for every man, woman and child. That cost will go up unless we provide these kind of programs immediately. The cost in crime in Dade County due to drugs is reaching astronomical proportions already. Meanwhile, we futilely grope or hunt for answers. California, New York and the District of Columbia have incorporated parts of this program in their legislation. I've gone a little further than they because I have seen the ravages from marijuana alone and I know how helpless parents are when their youngsters have become unmanageable, disoriented, irresponsible, disassociated and uncontrollable while the parents sit hopelessly and helplessly by. Watch a parent cry over the loss of his son or daughter to some drug cult simply because he was on marijuana and you will champion these recommendations now and forever.

These recommendations should not be construed as a suggestion that they replace the criminal penalty provisions of our present laws. These are in addition to those penalties and to be invoked when the ends of justice can best be served accordingly. Naturally, there will be many drug addicts who will have committed crimes so heinous or serious that jail would be the only intelligent confinement for them; but, there will also be thousands of instances where the center can be used instead of jail. That decision must rest with the judge and only him. There will be medical examinations and all of the other safeguards and checks and balances within the administration of justice for these individuals. But the buck must stop somewhere and the power must be reposed appropriately. Without these two ingredients, society will simply stand firmly with both feet planted in mid-air. I am not afraid of this responsibility and am sure neither are my colleagues.

I recognize I am asking for an expensive and what, at first glance, might be an impossible program. The center cannot be a mere mediocre or adequate facility, but must be one to which we can look with great pride as Florida's first truly great endeavor to solve a problem society created. As a citizen, I do not wish to co-exist with the problems of drugs any more than I intend to co-exist with crime. We must join together, reach deeply into our pocketbooks and wallets, and eliminate the use of drugs—and crime itself for that matter—once and for all from the American scene.

Respectfully,

ALFONSO C. SEPE,
Judge, Criminal Court of Record.

PROPOSAL TO COUNTY MANAGER OF DADE COUNTY FOR PUBLIC CHORES PENALTY WORK PROGRAM FOR YOUTHFUL OFFENDERS

CRIMINAL COURT OF RECORD,
DADE COUNTY,
Miami, Fla., May 9, 1972.

Hon. RAY GOODE,
County Manager,
Dade County Courthouse,
Miami, Fla.

DEAR MR. GOODE: I would like to recommend to you for your consideration a public chores work program that I proposed when I was the Executive Assistant to the State Attorney. Hopefully, under your progressive leadership, for which this county should be extremely grateful and proud, its possibilities might be studied.

Simply put: there are numerous public projects and works that remain undone simply because there isn't enough money to hire personnel to do the work. These projects include cleaning up the appearance of the county, our rivers, empty lots, streets, slum areas, county facilities and a host of others.

Is it possible and practical for the county to create a work program as part of its penal code, giving judges the authority to use their sentencing power to put to work individuals who have been charged with crimes and should be punished, but not necessarily in jail? In other words, they should be required to repay society for the laws they violated without being imprisoned and costing the government more by their punishment than the prisoners cost society in damage by the crimes they committed.

With such a work program, individuals who otherwise would be simply sentenced to jail and become a burden to the taxpayers could be put to constructive use by performing tasks in numerous projects that remain presently neglected for lack of funds or personnel. Think of how much our environment and the physical appearace of Dade County could be substantially improved if there were people available to clean up the debris in our streams and rivers, on the shores and islands of the bay, the numerous, vacant pieces of property, our parks, our own public facilities, which would be painted or scrubbed clean with soap and water regularly, the slum areas of Dade County, including the areas within various city limits, where their streets, sidewalks, and alleyways can be cleared of their litter and also scrubbed down with soap and water and painted if necessary. At little or no cost to the county, the punished individuals in the public chores program could rid our very neglected slum areas of vermin, roaches and rats; and if there is a cost to the county as a result of this, perhaps the county could assess the cost by law to the private landlords who by neglect and greed created this disgraceful condition.

By a public chores work program the courts could play a full role in providing workers free of charge to the county. This might prove to be, once the wrinkles are ironed out, a great financial saving to the county and help keep the jail and stockade population limited to the more serious offenders.

I believe the greatest benefit to the county will be in the effect the program will have on our mischievous young people, who are flagrantly violating our laws, school regulations, or are otherwise on their way to becoming delinquent adults or plain criminals. Jail is and always will be available as a punishment to this kind of individual, but it should be our last resort. However, when the young people of the county, who disregard or violate ordinances, school regulations and our laws, realize that they risk more than a simple jail sentence and subsequent probation, but have to perform public chores in their free time as well, they may well become disenchanted entirely with criminal wrongdoing. Giving up their short and long weekends, holidays and any other free time to perform these public chores will, in my opinion, be a great deterrent to a large segment of our student offenders and may perhaps discourage once and for all those individuals from becoming repeaters. Certainly they will be embarrassed and humiliated in the presence of their peers and friends, since they will no longer be martyred by going to jail, but forced instead to join a public K.P. duty.

The taxpayer will profit by getting public work done free. The county will profit by becoming beautified, cleaned, and by having its erring youngsters properly punished. No one has even been hurt or damaged nor any career destroyed by hard work. Many of our young people are in trouble simply because of idleness and an inability to understand the value of hard work. Those who are fortunate enough to be punished by placement in the public chores program will undoubtedly be better off for it and they will not become criminals nor get criminal records. So, everyone will benefit.

Eventually, I foresee the school system itself embracing this program. The young people in our high schools who disrupt their classes, are major discipline problems and encourage others toward disobedience and disrespect toward our school administrators and teachers will soon find that they no longer will enjoy suspension from school when they realize that their suspension from school will mean hard public work. I believe our school teachers will be more inclined to ferret out and report young drug law violators, etc., when they know that something more constructive will be accomplished than a simple jail sentence, suspension from school, or any other foray with the police. Machinery could ultimately be set up between the school system and the public chores program where the offending student could be directly referred to the program, avoiding the court system entirely.

I sincerely recommend this for your consideration.

Respectfully,

ALFONSO C. SEPE,
Judge, Criminal Court of Record.

PROPOSAL TO COUNTY COMMISSION TO BAN THE SALE AND DISTRIBUTION OF AMPHETAMINES AND METHAMPHETAMINES IN DADE COUNTY

APRIL 25, 1972.

DADE COUNTY COMMISSIONERS,
Dade County Courthouse,
Miami, Fla.

DEAR COMMISSIONER: It is well established among the medical profession that the use of amphetamines and methamphetamnies (speed, bennies, etc.) serve no medical use. Repsonsible physicians, such as the County Medical Examiner, Dr.

Joseph Davis, will corroborate this point. Nevertheless, Dade County continues to allow the legal sale by drug stores and allows doctors to legally prescribe these useless, but harmful drugs.

I suggest that Dade County undertake a study of this matter to make a determination whether or not amphetamines and methamphetamines should continue to be sold or distributed legally in the county. This should cost absolutely nothing since there are experts available within the county willing to testify before any Sub-Committee appointed by the Commission for such a study.

I have recommended to the Governor that a study be made to determine whether or not appropriate state legislation be enacted accomplishing the same result. In the meantime, however, since I think the Commission can act with greater speed than our legislature, I would like to see an ordinance passed similar to the phosphate ordinance, prohibiting any further dispensation of amphetamine or methamphetamine drugs by doctors or the sale of these drugs by pharmacists.

We all know the great damage being done by the use of these drugs. We know how the use of these drugs helps to contribute to the drug cult and leads to the use of other drugs, damaging our young people and their families in addition to causing crime. I would like to see our county, as well as our state, take another lead and great step forward in the war against drug abuse by abolishing for our citizens any further distribution of these medically useless drugs.

Respectfully,

ALFONSO C. SEPE,
Judge, Criminal Court of Record.

Distribution: Commissioners Harry P. Caline, S. A. Dansyaer, Edward Fogg, Joyce Goldberg, Edward Graham, James McKillips, Harvey Reiseman, and Edward Stephenson.

EXCERPT OF 1971 FALL GRAND JURY FINAL REPORT

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA IN AND FOR THE COUNTY OF DADE, FALL TERM A.D. 1971—FINAL REPORT OF THE GRAND JURY FILED MAY 9, 1972

As an aside of great importance, we reference the fact of the "Drug Abuse Task Force" recently activated by the Comprehensive Health Planning Council of South Florida. As of this date, it is the primary mechanism available to Dade County for the coordination of all activities related to the rehabilitation of those already addicted or those dependent upon narcotics. It is mandatory that all local independent rehabilitation operations and governmental bodies relate to this organization before making any major program change decisions or funding allocation decisions. It is only this facility of coordination that the most beneficial advances can be recognized and facilitated.

* * * * * * *

Within recent weeks, Criminal Court Judge Alfonso C. Sepe has made a forthright proposal to the administrative leadership of this county. This Jury considers this proposal to be deservant of the most serious study. Following are specifically edited excerpts:

1. The creation of a drug research and narcotics addiction treatment center in Dade County. This is to be co-administrated by the Division of Corrections and the State Board of Health.
2. Authority given to the courts of criminal jurisdiction to issue voluntary civil commitments for addicts or individuals in imminent danger of becoming addicts, whether before trial, during trial, after conviction or sentence.
3. The right of an addict to voluntarily commit himself for treatment, and provision for family initiated commitment, for their children under 21, who they believe are now addicts or very likely to become addicted.
4. Provision to authorize the committing judge, who makes final determination that the individual has received maximum care, to erase from the individual's record the proceedings that brought about the institutionalization of the patient.
5. Utilization of psychiatrists, physicians, psychologists, counselors and social workers with particular talents in this complex field.

The cost attendant to implementation of these recommendations are considerable. But the costs of doing without effective treatment, research and rehabilitative facilities are astronomical.

Although there are parts of these recommendations that we believe to be more valid than others, we commend Judge Sepe on the initiative he has taken and hasten to add the weight of this body in urging sober consideration of its contents.

* * * * * * *

In summarizing our investigation it is evident that the use of drugs is not a problem with easy and evident solutions. The truth can be neither legislated nor imposed.

PUBLIC LETTER OF ENDORSEMENT OF THE SEED DRUG REHABILITATION PROGRAM

CRIMINAL COURT OF RECORD,
DADE COUNTY,
Miami, Fla., May 8, 1972.

DEAR LADIES AND GENTLEMEN: In a letter recently made public, I requested consideration from the County Commission for the creation of a drug rehabilitation and research center. In that letter, I outlined what I thought would be the principles, needs and ultimate accomplishment of the Center. I also described what I thought its physical characteristics should embrace.

Recently, in Ft. Lauderdale I discovered our answer. It is a miracle. It is called The Seed. Its founder and guiding light is a man named Art Barker. Its location is at 1311 South Andrews Avenue, Ft. Lauderdale.

The Seed has been operating for two years and has over a 90% cure rate. When I use the word, "cure," I mean exactly what it says. The Seed is not only for young people involved in drugs, no matter what degree their involvement, but is also a program for the entire reconstruction of youngsters needing rehabilitation of their attitude and discipline. It is the most fantastic program in the United States; yet, for two years it has been within reach of Dade County without our knowledge save for a few of our citizens who have been fortunate enough to resurrect their children because they sent them to The Seed.

With The Seed, the Courts—in over 90% of its drug cases—can avoid jail confinement and participate in the only genuine rehabilitation existing in the United States. Our school system can employ the services of The Seed without the necessity of summoning police or requiring court or formal law enforcement action. Parents, whose homes have been demoralized and made morally, socially and spiritually destitute because one or two of their youngsters are on drugs or suffering from severe attitude problems, will now have, through The Seed and the grace of God, the only genuine help available. The State Attorney's Office and all police agencies who come face to face with at least 90% of the drug problems under their jurisdiction, will be able to avail themselves of The Seed and thereby render, without prosecution and traditional law enforcement methods, the finest service to their community existing since the beginning of the drug problem in the United States.

The Seed in Ft. Lauderdale has been responsible for the disclosure of numerous school teachers and police officials who themselves engage in drug traffic. You see, one of the accomplishments of The Seed is that the youngsters no longer is capable of lying and will not lie for any reason. Because of this, hundreds of burglaries in Broward County, as well as the disclosure of evil teachers and police officers, have been solved. For further corroboration, I refer you to the Department of Public Instruction in Broward County and to Mr. Barker, who will personally identify the names of private business institutions who originally would not hire Seed graduates, but now clamor for more of them. Ladies and gentlemen, please believe me. As the Scriptures say, "The truth will make us free."

We need The Seed to serve all of South Florida, from Palm Beach through Key West. Whether it is one facility or several facilities remains relatively at the moment unimportant; but, what is important is that The Seed, after two years of demonstrating superb performance and results, has outgrown its original impoverished physical facility, is now handling over 500 young people, and must move. Mr. Barker wishes to move to any site just south of the Broward line in Dade County and needs approximately thirty acres.

The average cost to cure a Seed resident is less than $100. Its program is principally based on the original tenets of AA with unorthodox procedures. It uses no psychologists, psychiatrists or other similar professions. Its principles rest squarely on the shoulders of developing, through the counseling and leadership of Mr. Barker and his key aides love of self, understanding of self, self-respect and finally, true love of others. A youngster who has completed The Seed program, I promise you, represents a miracle, is a totally new and beautiful person and is an individual who, by his reformation, has restored the heart and soul to his parents and loved ones. My statements are not exaggerated. Yet the cost is less than $100 for each miracle.

I ask that you do not believe a word I say, but sincerely and devotedly invite you to contact Mr. Barker at 1311 South Andrews Avenue, Ft. Lauderdale, telephone number 522-2589, make a personal but immediate visit to The Seed, and immediately purchase the property we need in Dade County to move The Seed as quickly as possible. I know when you view The Seed and challenge what I have said that you will agree with me that The Seed is our only and our best answer to save America from the plight of drugs and the deterioration of its moral fabric.

I sincerely hope that this letter will impress you sufficiently that it will replace all county business and become first in your priorities of governmental service.

In closing, I am extremely pleased to report to you that County Manager Ray Goode already has information regarding The Seed and in keeping with the progressive steps he has taken in leading Metropolitan government into a new era of advancement and success, is examining the promise The Seed will fulfill. The Seed is America's only hope.

Respectfully,

ALFONSO C. SEPE,
Judge, Criminal Court of Record.

Distribution: Hon. Ray Goode, County Manager; Hon. Steve Clark, Mayor, Dade County; Dade County Commissioners; Members, Dade County School Board; Hon. Edward Whigham, School Superintendent; Hon. Pat Tornillo, Classroom Teachers Association; Hon. Richard E. Gerstein, State Attorney; Director E. Wilson Purdy, Public Safety Department; and Chief Bernard Garmire, Miami Police Department.

LETTERS FROM PARENTS OF REHABILITATED CHILDREN WHO GRADUATED FROM THE SEED

LAW OFFICES, EDWARD P. SWAN,
Miami, Fla., May 17, 1972.

HI! The drug use and abuse by young people in Dade County today is shocking.

I personally recommend to you that you visit "The Seed," 1311 South Andrews Avenue, Fort Lauderdale, Florida.

The Director of "The Seed," Art Barker, has made arrangements for you to visit "The Seed" on Tuesday or Thursday of next week, May 23 and May 25, 1972, at 7:00 o'clock p.m.

I want you to see this drug rehabilitation and attitude program firsthand. My merely stating to you that he has already 1,500 kids straight is not enough without seeing this program. Some of the children in "The Seed" are there for an attitude problem only and have never taken any drugs.

Enclosed is a letter from Judge Alfonso Sepe, which expresses my views 100 percent.

We are all busy, but this is a *must*! Please join me—and feel free to bring any guests with you—either Tuesday or Thursday of next week to see "The Seed."

Thanks!

EDDIE SWAN.

May 21, 72

Dear Judge Sepe,

I am writing to you as a parent of a druggie or should say ex druggie for 61 days.

We are one of the few Dade County parents who were fortunate enough to hear of the "Seed". I can never say enough for Art Barker & His Staff.

Our son was in a Public School & when we heard about the Seed we went there and learned that they worked with the schools. This is true of Broward Schools not Dade.

My husband went to see the Dean & told him where our son Scott was & that the Seed would call. The Dean was very off hand & said O.K. Well the next wk. he sent the Truant officer to our house, I called school, the Dean said is he still in "that place." Well, my husband & I went up &

secretary said we were" to see the
Dean" & we said we already had
we wanted to see the Principal.
Finally she came out & said O.K.
When we went in you have never

seen a man with such a look on
his face. He, like had a chip on his
shoulder, we started talking & told
him where our son was & wanted
to know about his schooling when
he got out, he was to have graduated
in June. The Principal became
nice to us then, but then I
started to tell him about the
Seed & what a wonderful place
& we invited him to go to an
open meeting with us & we
would take him. He felt in
his position it might be a start,
a help for him. I know of at
35 so called friends of my son
who at that very moment were
probably in the trees in front of
school, "high". He thanked us & very
politely ushered us out of his

I feel so bad & I am sure there are hundreds of parents who were in the same fix we were. No place to go, we had called several Dr. & they never returned our call, we were frantic, when we hard of the Seed & not really knowing much about it we took our son.

His two wk program is now

3

going into 61 days. We go each Mon. & Friday & we see such a change I feel he will be home soon. He has to be extra strong because there are no other Seed kids at his school. It will be hard but I am sure when they let him come home he will be able to do it.

We are so happy to see that you have visited the Seed & now are sending people there rather than jail. It is a start instead of a finish.

I wish you could in some way influence Principle & School Teacher to go there & be able to counsel parents on children who are druggies instead of suspending them from school for 10 days.

Our neighbor is a Guidance Counselor & we invited him to go & he said what can you do when 98% of the kids in his school take drugs. He coaches a tennis team & he knows that three of the girls smoke pot. The "It's not my problem" really scares you, that is why when I saw the article in the Herald about you sending Debbie to the Seed, I had to write and thank you for caring. It took time

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on your part & I am sure you have a busy schedule. But you are one who cares.

Love you
Mr. & Mrs. Ernest Somashy
521 N.E. 116 St
N. Miami
Fla.

Seed

MAY 30 1972

May 26, 1972

Dear Judge Sepe,

I would like to take a few minutes of your valuable time for something that is so very important

Almost two weeks ago, a friend told me that my two teenagers were using drugs and showed me an article concerning you and the Seed and a Seed booklet. We took them there the next day.

As you know, so well, they're doing a great and 'miraculous' (your word) job there and I'm writing to beg you to do all you can to get Art and the kids a larger and more modern place. They don't want luxury, just room to help so many more who need help so desperately. We all know you're trying as hard as you can and we're counting on you.

My husband and I have much respect for you, as a Judge and as a man. Sincerely,

Mrs. Lewis

April 20, 1972

Dear Judge Sepe -

Enclosed is information on "The Seed." I spoke to you last night on Ellen's program and promised to get this to you as quickly as possible. The enclosed article was in Sun Tattler editorial column. Thought the cartoon was also appropriate. This man tries to teach the children to love them selves first, then except the Truth. They have open meetings on Mon & Fri. evenings from 7 to 11. I'm sure they'll be happy to tell you anything you'd like to know when you get there. Sammy Davis also was there.

Would you please let me know when you will be on radio to talk about it because I'd be interested in your expert opinion.

We are all indebted to you for the wonderful job you are doing.

Gratefully,

Phone 953-0445

Mr. & Mrs. V. Byrne

The Seed
Is Only Answer

Editor, Sun-Tattler:

This is in response to Helen Rohloff's column of March 25. I don't think she has visited The Seed, drug rehabilitation center in Ft. Lauderdale, because if she did she would know that it is working.

The reason it works is because they change these kids' outlook on life, not just the drug problem. It's the reason they're on drugs to begin with.

She mentions angry, sullen faces. She won't find them at The Seed because these kids are happy inside and out.

It's true that Art Baker is not a physician, but that doesn't have any bearing on the fact that what he's doing is really working. It is not a live-in facility; these kids go from 10 a. m. until 10 p. m. and it is a family affair.

Parents do all the cooking for about 500 to 700 kids twice a day, seven days a week. We run car pools for kids other than our own. We, the parents of The Seed kids, are very proud of our kids and The Seed. It takes a lot of courage and hard work for a kid to get straight and once they do they glow as light bulbs and you can't escape the shine.

Please visit The Seed and see what is really happening. We have open meetings at 7:30 p.m. every Monday and Friday. When a parent has reached the point of not knowing where to turn next to get help, no one can give them any answer. The Seed is the answer. I know, I've been through it and it is miraculous.

MRS. DOROTHY SMITH
Hollywood

CHING CHOW
HE WHO DECEIVES OTHERS IS A CRIMINAL; HE WHO DECEIVES HIMSELF IS A FOOL.
4-7

Miami, Fla.
May 26, 1972.

MAY 29 1972

Judge Al Sepe

Your Honor,

I became acquainted with "The Seed" in Ft. Lauderdale two weeks ago, when we entered two of our grandchildren there

I believe, as you do, that Art Barker and his staff are doing a wonderful job in rehabilitating the teen-age drug users.

I would like to see their center located in Dade County or close to the Dade-Broward line.

Please continue to do your utmost to see that our wonderful youth can have a place to go where they can be cured and re-join society.

Thank you for listening,

Mrs Arthur Stepanian, C-305
1398 N.W. 79 St.
Miami, Fla, 33147

18631 N.W. 10th Ave.
Miami, Florida
May 2, 1972

Dear Judge Sepe,

Recently, I heard that you are going to visit "Seed, Inc." in Ft. Lauderdale. Please, don't put off this visit or be influenced by any of the critical articles you may have read in the Miami Herald (Broward Edition).

My daughter, Carol Tyskala, is at Seed. You may not remember Carol but she was once a member of the Red Cross Drug Panel that you sponsered. Carol was present at your "Kick Off Dinner" before elections.

Unfortunately, there were

many changes in this girl since that time. The attitude became reverse and Carol started lying, skipping school, lost interest in Marching Band, school work, Senior Scouts, and then attempted suicide.

We blamed ourselves and wanted help desparately. We went to the Pediatrician, the Priest and the psychiatrist. Carol fooled everyone. We were told by the psychiatrist that Carol was caught up in the "now generation" and that we were good parents. We were not there to hear that. I wanted him to tell me that I was either too strict, my part time job had effected her, or I was a neurotic mother, etc.

Carol attended "Here's Help"

for 1½ days and walked out on them. They did not feel there was a drug problem either.

After a week Carol turned 17 and quit school. She said she was leaving home. Fortunately, a single youth counselor, offerred to let her stay at her apartment and find a job. We were not happy but knew at least Carol was in a decent environment.

After 2 months, Carol came home, was re-instated in school and we felt that things were working out although not as smooth as we wished. 2 more months passed and then without any warning, Carol left from school with another girl and went to Key West.

Carol called after 4 days and

told us she loved us but had to "be on her own". She had a job as a waitress and was sharing a small apartment. The Priest kept incouraging us to keep an "open door policy". Carol came home to visit every 2 weeks until I checked out one of her stories. I found that she had not been working and there were 2 sailors living at the apartment. Carol had avoided our visiting her by all kinds of excuses previously. Carol also admitted that the boys smoked pot but claimed that she nor her girlfriend did. We tried very hard to reason with her and told her that we would close the door on her if she went back. We also told her we'd report it to the police. Nothing worked.

I called the Narcotics Bureau,

wrote to the Chief of Police in Key West but never heard from them. We felt that even if she were arrested, at least we could force her to go for help.

How unjust it is for a child of 17 to have the legal right to walk out of their parent's home and jurisdiction and yet the law holds the parents legally responsible for debts, etc.

After 4 weeks, Carol took an overdose of pain killers. The hospital called us and we took our other children and drove to Key West at 3:30 AM. We were in hopes that Carol was "crying help." Carol came home with us and appeared enthusiastic about being a family again. My husband and I both felt that we needed outside help or we would be going through the same problems once again. We took Carol to Self Help but she refused to stay there and said she would go to "Seed" because her girl friend had gone there.

I'm sure Carol had no intention of staying through the "Seed" program but once there, they got to her.

Although we had suspected Carol was taking drugs, we never had proof. Because she was 14, she had the right to almost destroy her life, and we as parents could do nothing but Pray. God did answer our prayers through our own daughter in leading us to "Seed."

May 10th

Did not get my letter finished, but I did hear your letter this past Monday, read by Art Barker at the open meeting.

We also listened to you on WKAT last night. The program was wonderful. Carol was able to listen too because she is now living at home and commuting full time. We realize that Carol still has a long way to go but there is such happiness and peace in our hearts, knowing

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that she is headed in the right direction. We all can benefit from "Seed" in society if we would follow their principles.

Carol had to do a moral inventory every night during her 2 week program. It was read and judged by another advanced member of "Seed."

If we had this to do each and every night I'm sure we would live in a better world. How many of ours would have B.S. written across it in judgement.

Please continue to tell people about "Seed," and get one closer to Dade County.

If you feel that petitions would help, please let me know. I want to help in any way because I am so grateful for the help we have been given.

If you run across any parents who want to talk to parents of children at "Seed", please give them my phone number. 621-8616 I too had my doubts at first and can understand their feelings.

Unfortunately, the people who should be familiar with "Seed", are not. The Priests, Ministers, School Counselors, Principals, and teachers should know about Seed. So many parents go to these people when they see that their child is having problems.

If the Priest, pediatrician, or psychiatrist had said to us, last August "Take Carol up to the Seed", Carol might not have had to go through such turmoil and continue to lower her standards of life. Carol had not experimented too much with drugs at that time.

The Priest also told me that sometimes a person has to get burned before they see the light.

My daughter got burned

and still could not see the light until she went to Seed."

Thank you for the help you are giving us in trying to handle this drug problem. We, as parents realize that it is a threat to our children constantly.

Sincerely,
Margaret & John
Lykala

Chairman **Pepper.** If the committee will allow me, there are two fathers who are here who have been waiting all day. Would you both come forward, please.

When I made my first visit to the Seed, I met Judge Swan outside and I thought he was there to observe the program. Later I found out from him that he was there on a personal mission, of which he will tell us here today.

Mr. Swan is a very able lawyer in our area, and was a U.S. Commissioner for many years.

STATEMENTS OF DR. JACK D. TAYLOR AND EDWARD P. SWAN, FATHERS OF FORMER DRUG ADDICTS, DADE COUNTY, FLA.

Mr. **Swan.** Six and a half years, sir.

Chairman **Pepper.** Six and a half years as U.S. Commissioner, and is a very distinguished citizen and member of our bar.

Dr. Taylor, would you tell us about yourself, and your address? This is Dr. Jack D. Taylor.

Dr. **Taylor.** I am Jack Taylor, and I am vice president for student affairs at Fort Lauderdale University.

Chairman **Pepper.** Mr. Phillips, you may go ahead and inquire.

Mr. **Phillips.** Dr. Taylor, would you please tell us about your experience and your family's experience with drug abuse?

Dr. **Taylor.** Well, my middle daughter was on drugs for about 5 years. She is almost 19 years old now. She was on heroin for about 3 years, addicted to heroin. We tried everything imaginable to try to get her off drugs.

We took her to the University of Florida Medical School; we had her to several psychiatrists, and then we sent her to Broward General Hospital.

We had her to Odyssey House up in New York. We had her to several drug rehabilitation centers in the community.

Finally, we took her to Seed. She is now a staff member of Seed. She has been there about 10 months, an amazing success.

Chairman **Pepper.** How long has it been since she entered Seed?

Dr. **Taylor.** About 10 months.

Chairman **Pepper.** And she has been drug free since that time?

Dr. **Taylor.** She has been drug free ever since. I was in the program actively for about 4 months. Of course, she went through the court system, partly through our forcing, and partly through the court forcing her, but she went. She lived in another house for about 4 months.

Chairman **Pepper.** Have there been any changes in her personality, attitude toward life, Doctor?

Dr. **Taylor.** Tremendously so. We had her to see two psychologists, two different psychiatrists, before we took her to Seed, and she was classified as a borderline schizophrenic. She was not. She had a drug problem, but she actually functioned as a borderline schizophrenic. I do not blame the psychiatrists or the psychologists for classifying her as that. I would have done the same thing, myself. I am a psychologist, and I would have put her in the same category.

But, basically, she did not have a problem, except one of drugs.

Chairman **Pepper.** Well, now, Doctor, has there been any change in her relationship to the family?

Dr. **Taylor.** Yes, a tremendous change. We had a lot of hassles, naturally. We did not condone drugs. We knew she was on drugs, and we had a lot of hassles trying to get her off of drugs.

She had a lot of hassles with us because we did not condone her ways, so that we had lots of problems before she went to the Seed. Now she is a beautiful girl in many, many ways. She loves herself, she loves God, she loves her country. I heard her say many, many times, "Those pigs," when she referred to policemen, and I have not heard that word in my house recently.

Chairman **Pepper.** You heard her say what?

Dr. **Taylor.** I have not heard her use that term since she has been at the Seed. Everything beautiful comes out of her now, since she had been in the Seed program.

Mr. **Phillips.** Was she obtaining drugs in the school system?

Dr. **Taylor.** She was getting them locally in the school system, yes.

Chairman **Pepper.** And you are, yourself, in the school system, in the Fort Lauderdale College?

Dr. **Taylor.** Yes, sir; that is right. By the way, I might say this, too: I was frustrated in my position as the vice president for student affairs, charged with the discipline of students, because I could not help students. In other words, those who were on drugs. All we could do was to suspend them until I found out Seed. We have, in the last few months, referred six—well, five students to Seed, and another student from outside of the university to Seed. I am so committed to the Seed program that next year we are giving 25 scholarships to young people who complete the Seed program, because we have so much confidence in what the Seed is doing, and so much confidence in what Art Barker is doing, but also in what the young people are doing and what they will do in terms of straightening out the university.

We have a university that has a lot of drugs, and I am not going to sweep this under the rug. We have drugs in our university. I would say 85, 90 percent of the young people in our university are using some form of drugs.

Chairman **Pepper.** Have any of these students, boys or girls that have been to the Seed, come back to the university campus?

Dr. **Taylor.** One of them came back, and I had him in my class. I teach a class in abnormal psychology, and he told us where it was at. He pointed the finger, and he said, "You are on drugs, you are on drugs, and you are on drugs."

Chairman **Pepper.** He knew it?

Dr. **Taylor.** And they admired him for it. They did not agree with him, but they admired him for what he was doing.

Chairman **Pepper.** Well, others may want to ask other questions.

Mr. **Phillips.** Mr. Swan, will you tell us what your experience has been.

Statement of Edward P. Swan

Mr. **Swan.** Well, I was a little bit opposite from Dr. Taylor. My daughter was put in the Seed when she was 15. She just turned 16. My wife and I suspected that she may be on some drugs, but really did not know, and it comes the hardest thing in a father's or a mother's life to make a false accusation about drug abuse. You know, you lose their love, you lose their respect, and everything else.

She overdosed in October on "downs," and we had her in Variety Children's Hospital, and the doctor took care of her. We then had her to a psychologist, and she told me, my daughter, one day going to the woman psychologist, she said, "Dad, you know you are just blowing another $35."

Well, I thought the psychologist was doing a good job, you know, and we put all of our faith in her and everything else, and she is a beautiful person, but I got this shock driving, and I almost went off the roadway.

Had it probably been a boy sitting next to me I probably would have belted him, and probably done everything in the world. But, Kathy kept conning us, you know, I am not going to do any more drugs or anything else, and I got called in by her school, and the counselor said, "Well, here's your daughter," and I looked at her, and I said, "What is wrong, Honey," and she said, "Nothing, daddy, I am just tired."

And I looked at her, and I started talking to her a little bit more, and I brought the counselor out and said, "What do you think?"

And he said, "Well, Mr. Swan"—and, you see, I am a well-known man, and a lawyer, and the whole bit, U.S. Commissioner, and I can see the title scaring him to death to say, "Hey, your kid is on drugs."

He never did, but he said, "Maybe you ought to get her home and talk to your wife about her." And so, finally, we started to search, really search, for a drug program.

My wife accidentally found out about the Seed. This was in March we put Kathy in the Seed. I think it was March 15, just before my birthday, and now we have a brandnew daughter at home.

Now, let me tell you that the name of the game, as these kids have told you, is attitude, because I have asked Kathy, she has come home now, and I said, "Why did we not really know it?" And she said, "Dad, you know, we kids have got this thing that we cut you off, you know, what is the expression, the 'generation gap,' the generation gap."

She says, "You didn't cut me off, I cut you off because I was scared to death that you would spot me when I was on drugs." So, I would get into the house, I would slip into my room, close the door as quickly as possible. When all of us—we have six kids—when all six kids were going somewhere, she would say always. "Hey, Dad," you know, or "Mom, I have my best friend and we are going out to this or that," and then when we forced her to go with us all hell would break loose in that car.

It was absolutely miserable. She would fight the other kids, and then make everybody miserable in the family, and the next time we would say, "Hey, Kathy, we are all going," and she would say "Well, Dad, I am going to the beach," or I am going to this concert and sometimes I would say "Well, thank God," you know.

And she told us she cut us off because she was scared to death to be caught doing drugs. And we were suspicious, and now my wife is an RN, and I will admit my sins, I thought I was a top drug expert, one of the top drug experts in Miami, or here in the United States, and a Commissioner, as I dealt with drugs galore, dealt with narcotic agents, FBI people and customs people, and all of the Federal crimes came before me, and I dealt with these people and talked to them.

I had Kathy in my office last year. I brought her to Judge Sepe's court, and the other judges seeing them give these kids, you know, 3, 5, 10 years.

I brought her over to court and, boy, I felt because we were suspicious, I felt this would shake her. No way, baby; no way.

And I asked her why, and she just wanted to be accepted by her peers. No matter, no matter, and I talked about tender love and care, you know, doing everything possible as a parent, and she said, "Dad, Mom, it is not your fault. It is just as these kids told you today," and this is the story of my Kathy, really, and now I have got the most glorious, most beautiful child. We rap; for the first time, we really sit down and rap and talk, and she will tell you where it is.

And some of the questions I have asked, boy, some of the answers I have gotten. This is a whole new world. I thought, and I told the Dade County School Board just a couple of weeks ago, I said:

> Ladies and gentlemen of the school board, I thought I knew something about drugs and kids. I have been reeducated in the last 90 days, and I suggest that each and everyone of you go up just to see the Seed, look at it, see what is happening today, because I thought, you know, I knew.
>
> Our girl went from pot up to cocaine until she overdosed and we really didn't know, really didn't know her involvement with drugs.

Well, we didn't, and the people today don't know.

Chairman Pepper, we really appreciate you coming here because of the public exposure of a problem like this, and letting the people know that there is a problem.

And boy, it is attitude, that is the key, and when her attitude got stinking, that is when she was on drugs. And maybe we can get this word to the people. I think we all need to be reeducated and know what the kids are doing.

She was on drugs since 13 until she overdosed at 15. I mean, it is shocking, and I am telling you that I am an expert. OK? I found out how much I knew, and I think that this committee needs all of the help in the world, all of the guidance, all of the real power of your brains to come up with the solution to the problem.

We, by accident, found the Seed. That is the first time I met Art Barker before I brought Kathy up there, and I am probably somewhat responsible for my big mouth in Dade County, but I checked with about 40 people after I saw an open meeting down here; and there is just a few miles, and there is a little line called Dade and Monroe County—or Broward, excuse me, Broward County, and it is just a little line, and it is only a few miles north of here.

I called people like crazy down here trying to find out about the Seed, only a few miles away, and I found out little to nothing.

Until we made the final decision, my wife was saying, "Look, she has to go to the Seed, or you are going to have to institutionalize me."

I had to make the decision. I am tough, I am tough to sell, and you know, putting the child in, and we brought her there involuntarily. I think she screamed for her lawyer, I think she did that. I think she screamed for her lawyer. But, then let me tell you how bad a conning job they can give you.

She would be sitting there, and we would be at the open meeting, and she would be living in a foster home, and she would say, "I am sick, I am sick, take me home, take me home."

And we would look at her and smile and say, "We love you." [Applause.]

I will tell you about my Kathy. For 2 weeks we brought her there involuntarily, and let me tell you what a horrible experience it is as a father and mother. She would sit there like this at the open meeting, and we would catch her eye or she would catch ours, and she would go [indicating].

Well, we got this for 2½ weeks, and if you do not think this tears your guts out, and we just said, "No, we are going to stick to this."

And we asked her what she did for those 2½ weeks, because we heard from the Seed that she was not doing a thing, and she told us that she was daydreaming, daydreaming, that every time she opened her ears everything was relating to her and she did not want to get straight, and boom, she would cut it right off.

And we said, "Well, what made you finally listen," and she said, "I got tired of daydreaming and I started listening, and before I knew it my hand was up, and I wanted to participate in the raps," and 2 weeks from that date she was home. It is a quick, beautiful job.

And as far as cost, you know, how much money, as a father, you know, to have one child, you know, that is sick and is cured you do not talk about cost. You know that I got a little card in the mail that said would you pledge up to $100 as a parent of the Seed? Wild, you know, because I checked out other programs over the Nation, $9,000, $11,000, $12,000, $6,000, you know, the whole ball of wax.

I knew what it was costing for the different drug programs per child, and some were federally funded, and State funded, et cetera. But, this was unreal. It was, and really, let me tell you, I could not be any happier in my life.

And if you talk about six kids, so maybe you think I am not an unusual family, the oldest is president of the Latin Club, president of the math club, senior and No. 3 in the class, Westinghouse talent finalist, 300 nationwide finalist, and just got admitted to Princeton. He is only 22 months older than Kathy.

Kathy was on drugs for 2 years and we did not know it.

But, I will tell you what I have in my house, I have got the best CIA agent in the world. I am not worried about my house.

Chairman Pepper, let me tell you what I did. I opened my big mouth, and I was so pleased about what happened to Kathy, and I could see it even before she got out of the first 2 weeks. When she started listening—she was there for 5—but when I saw her really coming around, it was so obvious in her face, so beautiful, and her eyes sparkled just galore.

I grabbed Ralph Renick with WTVJ, channel 4, and I said, "Ralph, I want you to see this program" and he said, "You know I am busy," and I said, "I want to tell you about my Kathy." And he knew Kathy because she had worked right downtown with me, and I got Ralph to come up, and thank God through Frank Francis doing this beautiful show, this is the type of education people do not get, and do not know what is going on in their own house.

And actually Mr. Barker told me that since I have opened my mouth about the Seed, I think it was 142, 142 kids have come from this area, because I have got a big mouth, and I am trying to help kids. That is the way I am and thank God, because our country needs all of the strength in the world.

You talk about Kathy, you know, and her mother talked to her about wearing a bra. No way, baby, dirty dungarees, sloppy clothes, all this, we just went through it all, you know, the hassle, the whole bit.

I mean we went through h-e-l-l, not as bad as some of the parents that I have represented, who beat their kids, and throw their kids out of the house and all they needed was some help, and really we do not know it. We are now awakened by this, and thank God for this committee.

And, you know, I get downtown, and I talk to a lawyer or a doctor, and I say, you know, we start talking about drugs, and I said, "Yeah, my Kathy, boy am I happy now. She was on drugs," and "Oh, Eddie, that's so bad," you know, "Oh, golly darn."

These are people, my daughter told me, that with their kids she has done everything in the world with, and they are just saying, "Oh, you poor thing," and I am sitting here. [Applause.]

And I am sitting here, and boy, I am happy. I have a brandnew, beautiful daughter at home, and I am thrilled, really. This is my story, and I hope that it will help all of you over the Nation to solve a very real problem, and I hope that it may have helped reeducate some of you, maybe, as it has reeducated me in the last 90 days.

Chairman PEPPER. Well, judge, we cannot tell you how much we appreciate you and Dr. Taylor coming here to give us this very moving story and testimony today. I inquired about your daughter after I met you at the entrance to Seed. I could not imagine what Judge Swan was doing there, and I walked up and spoke to him and I said, "What are you doing here, Judge," and he said, "Well, we are bringing our little daughter here," and he said, "We had to bring her almost by force to get her here." And I understood some question was raised by Mr. Barker as to whether he could take her that night, or not, and you told him he had to take her because if you go back you do not know whether you can ever get her back again, or not.

And I inquired about her that night we went, and I saw the students, and I inquired about her, what her behavior was, and just as you said, they said she was sitting off to one side in a very gloomy mood, you know, very unhappy.

And we asked Mr. Barker and he said, "Well, that is all right, she will come around all right," and fortunately she has.

Well, are there any questions, gentlemen?

Mr. MANN. I would like to ask one.

Chairman PEPPER. Mr. Mann.

Mr. MANN. I would like to ask Dr. Taylor a little bit about the failures that he tried. Will you just synopsize those for us, please?

Dr. TAYLOR. In terms of other drug rehabilitation centers?

Mr. MANN. Yes.

Dr. TAYLOR. The psychiatrist that my daughter was visiting recommended that she go to the University of Florida, to the medical center where he had done his internship, or residency, rather.

When I got there the head psychiatrist said, "Well, why did you bring her here? What can we do for her?" And I said, "I do not know, but the psychiatrist told me that perhaps you could change the cycle."

She was there for about 3 weeks. They did not feel that they could help her in any way, so we brought her back home.

Mr. Mann. Now, this was hospital-type care?

Dr. Taylor. That was hospital care, yes, sir; and we had about the same fortune when we took her to Broward General Hospital, and Odyssey House. She really did not give them a chance, and she really was not happy in the environment in Odyssey House in New York, so she really did not give it a chance.

Mr. Phillips. Can you just describe the environment as she saw it, and you saw it? Would you describe it? You say she was not happy in the environment.

Dr. Taylor. She thought it was too confining. It just was not conducive at all to growth and development. It was just not at all that satisfactory as far as she was concerned. I was looking for anything. It was not my attitude. We tried Starting Place in Broward County, and it was not a live-in type of center. She needed a live-in type of center because she was on heroin.

She tried to get in the Spectrum House, and they did not have room for her at Spectrum House. She would have to be on a long, long waiting list. The Seed took her like that.

Of course, the first evening she went to Seed she bit, kicked, and tried to do everything to try to get out of Seed, but finally she decided she would rather stay there than go to jail, and it took her a long time, and she was a lot like Judge Swan's daughter. She did not respond at all readily.

Finally she did start to respond, and as I mentioned before, she is a beautiful girl. She is not only helping herself, and I think this is the ultimate in terms of a person's rehabilitation, but she is trying to help other people. She loves herself, and she loves other people.

She thinks that the Seed, and through her efforts, and through ours and others, she thinks that they can change the world, and I think that they can, too. [Applause.]

Chairman Pepper. Mr. Keating, anything?

Mr. Keating. No, Mr. Chairman. I thank these gentlemen for participating and giving us the information that they have, and I think it is most helpful.

Thank you.

Chairman Pepper. Mr. Murphy?

Mr. Murphy. I pass, Mr. Chairman.

Chairman Pepper. Mr. Rangel?

Mr. Rangel. I just want to personally thank you. I can see where the Seed program has managed to bring out a lot of honesty among parents, which is I think so necessary if we are going to attempt to deal with this problem which we have not had as our own personal experience. But, the more I hear about Seed, the more it seems to me that I am committed to it for nonaddicted people, because if love can conquer all of these miseries, then perhaps it would be a real educational-type program.

Dr. Taylor. May I respond to that? Gentlemen, I think you are entirely right. Yes, it has helped my daughter tremendously. I do not think I was really a bad parent, but I am a much better parent now, and I am a much better educator, and I am better able to relate to young people, and better able to help these young people on drugs.

The only thing I do with the young people on drugs is say "You and I are going to Seed," and I give them the alternative either to go to Seed or being suspended, and we have been successful.

Mr. RANGEL. Commissioner, when you talk about finding your beautiful daughter, are you talking about finding a daughter who was lost because of a drug experience, or the whole total relationship has been found?

Mr. SWAN. No; my wife and I would laugh about it. Up until she was 13 we had the most beautiful girl that you would want to have, really, happy go lucky, just always happy, good.

We took all of the kids out with my mother, and I think it was a party of about 15 for her 13th birthday. We got home and she said, "Can I run over to my friend's house, you know, I will just be gone a little while," and OK, 9 o'clock, OK, fine, you know, and she told us that she went out and smoked marihuana that night, and she came back in and she, you know, wanted to get to her room.

Now she would tell us what occurred. But, from that 13th to the 15th, it was a different girl. It was a different girl, and I was not smart enough to recognize and know what the problem was. And I am trying to help other people to see the same thing in their own home that I have seen.

And I am saying, "Hey, you may have the same problem I have had." But, no, we had a beautiful daughter up to 13, and then 2 years of drugs, and now we have got the same daughter back.

Mr. RANGEL. You have really been a tremendous asset to this committee; and talking to Mr. Murphy here, you have shattered our egos, and we will have to get a little more honest about dealing with our children. [Applause.]

Chairman PEPPER. Judge Swan, Dr. Taylor, thank you for this magnificent contribution you have made here today, and we appreciate your waiting so long.

Now, Mr. Barker, will you please come back. We are sorry to have delayed you.

STATEMENT OF ART BARKER, PRESIDENT, SEED, A REHABILITATION PROGRAM DESIGNED TO HELP SCHOOL-AGED CHILDREN AND YOUNG ADULTS OVERCOME DRUG ADDICTION—Resumed

Chairman PEPPER. Now, Mr. Mann, did you have further questions?

Mr. MANN. No.

Chairman PEPPER. Mr. Keating?

Mr. KEATING. My question really relates a little bit to this college situation. When we were there last night I think I noticed younger people. I think there were some 19, 20, 21, but not too many. I didn't think there were many, and that is my recollection.

How do you think your program would go on the college campus—not on the college campus but, well, on the campus or with college students?

Mr. BARKER. We have a number of college students in the program, and they fit into a certain age range category, which is very important. I would like to explain something. I do not think anybody has the total answer to the drug problem, and I never want that opinion given here, that for a 10-year, hard-core heroin addict, that is not for the Seed. I would like you to understand that. I do not have an answer for that. It may be only God knows that answer. I do not.

There are many people who are trying long-term, live-in facilities, and so on and so forth. There are good programs and they are trying to help that kind of person. But the age range—the age range that I am talking about today—what I said earlier this morning where I think we should go, with the amount of drugs in the schools, and the kids who are getting on drugs now at 11 and 12 years of age who are starting off on pot, and a month later are into the psychedelics, and a couple of months later on speed, and "downers," and snorting cocaine, and shooting "junk." They are going through the whole range of drugs and becoming strung out at 14, 15, and 16 years of age and it is a problem that I want to address.

This is the problem that I am trying to make people aware of, that the Seed works for that and works for these young people. So at the age range I am talking about, it is maybe from 11 or so, to 20, or 21, something like that. We have a lot of kids there who have had 3 or 4 years of heroin addiction; and these kids are still young enough to be reached by that group.

Now, I am not talking about a 28-, 29-, or 30-year-old heroin addict. I am not talking about that at all.

Mr. Keating. I am not exactly clear. The primary thrust of your program is hitting the junior high and high school, and you are accepting referrals from the schools and from the courts?

Mr. Barker. And the young college students, right.

Mr. Keating. But are you getting any referrals from colleges?

Mr. Barker. Yes; we are.

Mr. Keating. How many?

Mr. Barker. Not that many, to be honest.

Mr. Keating. How do they integrate into your program in this age group?

Mr. Barker. The college?

Mr. Keating. The college age?

Mr. Barker. They usually come because they are busted and they are in school and because they are college kids and it is the first time they are arrested and the judge will recommend on a misdemeanor level especially, and a lot of kids come to us on the misdemeanor level.

Mr. Keating. I might be saying this wrong, but are they as receptive as the younger group?

Mr. Barker. Yes, sir. Yes, sir; they are.

Mr. Keating. They do not happen to have a higher air about things, and a feeling that they cannot——

Mr. Barker. No. We have one 19- or 20-year-old guy that I remember talking to not too long ago and he said one of the toughest things he took in his life was to have a 14- or 15-year-old kid tell him that he was a big dope or idiot and that he did not know where it was at, and this was coming from a 15-year-old kid. And he suddenly realized that this kid knew more about life than he did and it had a tremendous impact on him, in that range, age range, I am talking about.

Mr. Keating. If you started to get a larger number of college-age students would you continue to integrate them or would you see how things worked out or would you handle that separately?

Mr. Barker. No; I would not handle them separately. I would see how it worked out. If we are talking about a young man, a young man or a young woman that we are talking about at 19, 20, 21 years of age. I do not see that we would have any problem. I do not see how it would change the problem at all. If we went from 20 years of age on to 15, where we are now, and the average kid coming in 3 years ago for drug abuse was 21 or 20 then, and it is 15 years of age now—I am going on back up the line, whether it is up to 17 or 18, and it would not make that much difference in the cross section I have talked about.

Chairman **Pepper**. Excuse me. Would you let me interrupt just a minute?

You heard about this young lady, the lady 21 years old, that has just been incarcerated? They spoke to you about it?

Mr. Barker. Yes, sir.

Chairman **Pepper**. What can you do about anyone who is 21 years of age? You do not take people at that age, do you?

Mr. **Barker**. I would take her and I have no hold on her and that is the point. If the mother brings her up here and says I want to sign this kid into the program, the kid is 21 years of age, and the kid walks out the door and just says, "I am leaving," there is no legal way that I can stop her, there is nothing I can do. If she were assigned by the court—I am not a policeman and I do not go around arresting people—if she were assigned by the court and she had to be here or serve 30 days, or 6 months, or whatever it is, in a local municipal jail, and this is hanging over her head, then chances are a person would rather sit there than go to jail.

Chairman **Pepper**. Are there other institutions reluctant to take anybody that comes in voluntarily?

Mr. **Barker**. I really cannot speak about anybody else. We will take anybody who wants the help, anybody.

Chairman **Pepper**. Mrs. Fletcher, at Concept House, do you take people in as old as 21?

Mrs. **Fletcher**. We have David Girsch and Mike Marter who are more qualified to speak than I am. We have our facilities director here to testify.

Chairman **Pepper**. All right. We will inquire of them. All right. Thank you very much. Go ahead, Mr. Keating.

Mr. **Keating**. Should the universities play any role in the drug problem they have on their campus, either at the administrative level or at the faculty level?

Mr. **Barker**. I think the same roles as the schools should play.

Mr. **Keating**. High school and junior high school—you feel they have the same kind of responsibility and it should be exercised in referrals and trying to do something affirmative about the drug problem?

Mr. **Barker**. Right; and I think the terrible, unfortunate thing, especially in some of the high schools and some of the things that were mentioned in the earlier testimony today in the high schools and colleges, some of the teachers, the permissiveness of some of the younger teachers are using drugs themselves, and maybe not come right out and say this is okay but——

Mr. **Keating**. Well, I happen to have had some experience that indicated, and I forget who made the comment, that some young executives of large corporations are using pot and using marihuana and, of course, this has an influence on younger people, too. And you know, it is all right for so and so who has an honorable position with this company, then why can't we. And I think that it is a fairly legitimate—it is a legitimate argument.

Mr. **Barker.** I think what Judge Swan said before was very important. I think now that so many young people are on drugs who have now gotten out of high school and are going out and getting drugs, I think the productivity of these various companies—what is happening in these companies, the amount of recalls on their equipment, that are not fixed correctly or something—I think a lot of those things can be traced back to drug abuse by young people working on assembly lines, things like that; and I think this is only really beginning to be felt.

We were very fortunate that the Broward County personnel director and associates in action officially adopted us 2 years ago, and so many of our young people who have gotten straight have been able to get very fine jobs, and in almost every place that our kids have gone they have asked, you know, send us 10 more. So we are very fortunate in that way; but, kids going into these jobs are really amazed at the amount of kids, even on construction gangs, the younger people, who are bombed out all of the time and it is not just pot but using most of the drugs.

Mr. **Keating.** But you are going to develop in programs such as yours, or in any program that is successful, I will put it that way, and yours is, with large quantity, and certainly it seems that it is going to develop a gap in the use of these drugs from uppers and downers and marihuana and so on. I asked that question and I asked whether or not marihuana should be legalized. I would like your opinion. I know what your answer was, but I would like to get it on the record.

Mr. **Barker.** I say "No," and of the 1,800 young people who have been through this school, not one who has been on drugs and is now truly straight wants to see marihuana legalized. They all started with pot and went on to all of these other drugs, and I think there should be some clear definition of some of the things that happened. There are many young people in college, 20, 21 years of age, who smoked a little pot and never went on to anything else; but now we are talking about kids 12, 13 years of age that started on pot and they go through the whole drug spectrum, and that is the breakthrough for them.

Mr. **Keatting.** How do you explain the strong efforts of many, or the position of many, for legally sanctioning marihuana? You have talked to many people, I know, who have had experience. How do you explain their strong views for this position?

Mr. **Barker.** I think people start to look for the easiest way out after a while because there are so many young people being arrested; and I agree very much with the fact that it should not be a felony conviction against young people. I am very happy that the laws were reduced to a misdemeanor level with these young people, that if they are busted that they do not suffer a felony conviction against their record. But, actually, in Broward County, I would like to say that has worked beautifully with us because being on a misdemeanor level, we have 29 municipalities who work with us and these municipal judges now have a chance to send these kids to us instead of putting them in jail, and to become rehabilitated. And that is basically, I think, the way the law and rehabilitation should be working together.

Mr. **Keating**. Well, it provides the greater flexibility that the judge spoke about earlier, really, in this area.

Mr. **Barker**. Yes.

Mr. **Keating**. You known, with the experience you have had, and I think when the question was asked last night of how many started on marihuana and then progressed, I do not think there was a hand down, really.

Mr. **Barker**. Almost all of them.

Mr. **Keating**. And I just think that this should be an important factor to those who are considering the legalization of marihuana.

Mr. **Barker**. Right. And another thing I would like to say is that we have the medical advisory board at the Seed, and we had a press conference just a few weeks ago and EEG's are being started to be done on our young kids, and one of our doctors, Dr. Snell, who is a neurologist, had been doing EEG's on these kids and he did 60 cases, and out of the 60 cases he found that heavy marihuana smokers, that there are abnormal brain wave changes. Now, for some reason, and no one has done any research on this and people have talked and said that it is not addictive, it is not this, it is not that.

But if this is true, and this is something Dr. Snell and our medical advisory group is going into much deeper now, using the greatest laboratory in the world—the Seed kids—volunteers that they use, and now many of these kids have had EEG tests done as young people before, and they had not touched drugs then, and now we do a followup on them and so on and so forth.

So, if this is true, then let us not be in such a hurry to legalize something if it turns out in the long run that we are suffering abnormal brain-wave changes from the use of pot. And the point is something like such a large number as he came up with in comparison with what the normal population is, and the normal for the normal population is something like 1 to 2 percent, and normal for a neurologist to see would be 10 percent, you are talking about 75 percent of those kids he tested, out of 60 they had abnormal brain-wave changes from the use of marihuana, heavy smoking of pot. So I think we had better slow down and take a look first to see and must make the medical authorities take a look.

I am not a doctor and I suggest that the doctors handle that, just as you men handle the laws.

Mr. **Keating**. It would be interesting to see what the testing criteria are on the electroencephalogram, whether or not they have a comparison, or whether or not they are saying they are abnormal brain waves in those who have used it, or they do not really have a starting point to compare these children before they started using it. They do not, do they? Or is there a form that they judge by?

Mr. **Barker**. I do not know. All I know is what Dr. Snell has told me, and that he has found so far from what he has discovered, and what he wants to do now is to get a complete study of these.

Mr. **Keating**. All right. I know others would like to ask some questions, too, and I congratulate you on your work and I hope you have continued success, because we are all searching for the right answers very hard.

Thank you, Mr. Chairman.

Chairman **Pepper**. Mr. Murphy?

Mr. **Murphy.** Thank you, Mr. Chairman.

Mr. Barker, with all your success, which is quite evident by looking at the faces of the youngsters who are here today, do you find that the public still refuses to recognize the seriousness of the drug problem in the senior and junior high schools; and why?

Mr. **Barker.** I think probably the fault is some of the local politics concerned. Part of the fault is the administrators of some of the schools that I spoke about before. Some of the principals of the schools refuse to admit what the problem is. Part of the fault is certain police chiefs or sheriffs who refuse to tell us what the rate of crime really is, and they do not really connect the crimes as they should properly be connected. For instance, if a kid is arrested for breaking and entering today, I have a theory, and that is all it is—it is a theory and is not worth anything—but I think about 80 percent of the young people arrested today within a certain category are drug-related crimes; and I find that whether it is car theft, motor vehicle theft, or anything, breaking and entering, forgery and so forth, they specifically are arrested for those crimes and I find in my experience in working in the courts and the jails over a long period of time that when I personnally interview and talk to these kids, those are drug-related crimes.

Mr. **Murphy.** Is this what the kids are telling you in these sessions?

Mr. **Barker.** Yes, sir.

Mr. **Murphy.** Would it be 85, 90 percent of their classmates back in the school?

Mr. **Barker.** After you have gone through so many, like 1,800 kids, and over a long period of time, we have tried to break it down as much as we could, you cannot ask a kid how many kids are using drugs because he cannot possibly tell you that number. If you ask how many kids in your class are straight, we have tried to do that—how many in economics class, how many in science class, and whatever it is, math class and so on and so forth—and the average is three or four, maybe five kids are straight out of maybe a total number of 35. So this is where we are getting these figures, over and over and over again.

Mr. **Murphy.** Did you get into the numbers game with any of the representatives of the so-called establishment who refuse to recognize the problem?

Mr. **Barker.** Well, sure. The numbers game—I do not know what you mean by that, but I told you that these school security officers——

Mr. **Murphy.** I am talking about instances such as when we came back from Vietnam and estimated the use of heroin among the troops in Vietnam from 10 to 15 percent. We backed this up with Army studies which were given to us.

We had certain people tell us that this was an exaggeration and that we were putting a black mark on those troops returning and that we were responsible for their low rate of employment.

Do you run into the problem of sticking your head in the sand and not recognizing what your problem is?

Mr. **Barker.** Yes; we have run into this quite often, right from people even in other drug programs, and it is pretty frightening, and the people who are in charge of a lot of the drug money, too.

Mr. **Murphy.** Well, do you see public opinion changing at all, Mr. Barker, after these 1,800 kids have been treated?

Mr. **Barker.** Yes; I can see something happening.

Mr. Murphy. I know Judge Swan brought up a good point when he said he meets with his associates and they are consoling him because his child was on drugs and these same people aren't. There is a refusal on the part of the general public at large to accept this.

Mr. Barker. I have seen recently in Broward County more of an acceptance of what the Seed is doing because so many parents have not been ashamed or afraid of standing up and making public the fact that their kid was on drugs but now the kid is straight. And I think that this is the name of the game, and part of the things that we are trying to talk about this morning, when you were asking young people questions, and did they inform other people and so on and so forth.

No, they do not inform on other people, but each kid that comes into the Seed winds up bringing in another five or six kids. When they go back to their own home they are honest now and the friends they were hanging out with—it might be the kid next door or the kid down the block and so on and so forth—and he has been using drugs with those kids, and so in most cases now the mother and father are prepared to go and knock on the door and say, "Your kid uses drugs, and my kid did; and I don't want something to happen to him." A lot of parents were afraid to do that, and a lot of parents will slam the door in their face, and you are liable to get a fist in your face. But I have told parents this: "Could you live with yourself if you did not tell them and tomorrow morning that family found that kid dead on the bathroom floor?" And that usually wakes the person up in a big hurry and they go knocking at that door.

So, this is what has happened in Broward County. There is now more acceptance to what the truth really is, and because people like Judge Swan and Dr. Taylor, and Dr. Anderson, whom I would like to bring up here in just a moment to answer some questions, and the president of the school board of Broward County.

Mr. Murphy. I would like to have Dr. Anderson up, too, but I would like to ask you one more question, Mr. Barker.

What would your message to the parents, and to the Members of the Congress who are sitting at this table, be based on your experience with these 1,800 cases? When we go back to our districts and speak about the Seed program, we will have questions asked about the program as well as drug problems. What advice can you give parents so that this problem may be stopped before it happens?

Mr. Barker. Part of it is this rampant, permissive society which has absolutely gotten completely out of hand. We talked about that this morning—the difference between correction and discipline—and I think getting back to a measure of discipline is a very important point. I think a certain amount of discipline has to be given back to the school systems.

I think what has happened so often is that when a teacher has called a parent and told them that the kid is on drugs, or something, they get threatened—it threatens their job, or they refuse to do anything about it. And I think something should be done about kids like that. I think some kind of help, either through the juvenile court, or, say, that is up to gentlemen like yourselves to figure out a way of doing it, but I think there should be a certain arm that the school has that says we must, we must have the right to not let this young person kill himself. We have the right to make this person become rehabilitated, to help this young person, and I think that is what we are looking for in the permissive society, division of youth services, in many cases, especially in this State, and counselors. I think one of the most dangerous human beings in the world is a young person fresh out of a university with a master's degree in psychology, and they are the type of people they hire, and now, you know, they know all about everything and you cannot tell them anything, and they are going to handle these things in a one-to-one relationship.

And these kids are conning them and snowing them, and it is even getting before the judge, and they are getting a little pat on the back, and the counselor's system—you know, do not worry, the kid is going to behave; the kid is going to be fine—but the kid is going back on the street and shooting or selling drugs, or breaking and entering, and doing all of these other things. So I think that is part of the problem. I think education of the parents—the attitudinal changes that we have talked about today—I think this is part.

The most important part as far as I am concerned is that you must have a program like the Seed for the schools and for the courts, and that is the No. 1 thing.

Mr. MURPHY. Do you think it will work in the schools?

Mr. BARKER. Not the school itself; it has been my argument all the way along that the Seed program remain separate from the school system, that teachers do not teach about drugs; let them teach arithmetic, that they know. They do not know anything about drugs.

We have got this program; this program works.

I talked to you about community support, and you know, going and trying to get 100-percent participation in this district.

We talked too about community support. And I talked about, you know, going and trying to get so much help from so many people, and sometimes we have been refused, and sometimes we have asked and they have said something like, well, we will give you the money if you get the approval from the State attorney general. And you get the approval from the State attorney general and then they change their mind. So, it is easy for the cities to promise, but they do not come through. So, what I am saying is that in the future when we want to make facilities for Seed, somehow we will come up with it, with or without the Government's help, somehow we will do it. I would like to train people from other communities to run the Seed and the administrator, and then when they go back, they will go back to their area with a dozen well-trained staff members and open up Seed programs in their community. And I think in the Seed, if this works, in 5 years that we could turn this whole drug problem around. We are doing it in two areas where normally you had these drug films which enticed kids into using drugs. We have gotten them thrown out of Broward County schools and instead you have Seed kids going back and talking, walking and talking to their peers, and you can hear a pin drop, and it is the most effective thing in the world is to hear our Seed kids talking in the schools. And every school that our kids go into, we get a bunch of volunteers from that school. They come in and they want to get straight. Many kids are looking for help.

There are kids who will leave their drugs lying around the house, and they do get caught, and the worst thing the parents can do is say, "OK, don't do that again." But, these kids are looking for help, and I know what I am saying.

So we are doing it in two areas, hitting the kids, the fifth graders, the sixth graders, the seventh graders, before they get on drugs and we are hitting them in the middle schools, in the high schools, and the universities. The first time they are arrested this is all we can do. We are trying to reach as many people as possible. We think we have the most successful program of its kind in the country.

Mr. MURPHY. I commend you, Doctor, and I know this committee appreciates your contribution. It is something that we have not seen around the rest of the country. Thank you. Thank you very much. [Applause.]

Chairman PEPPER. Mr. Rangel.

Mr. RANGEL. I think that you are entitled to the degree of doctor of humanity. We all love you and it is obvious to us that whatever you are doing, you are doing it right. We have to go back to our respective communities, to the U.S. Congress and try to tell people what we saw, about your norms and your guidelines as to what is a drug abuser, so vague except in the eyes of the person who is being agonized by this. If I was to try to interpret the success that you have without having the parents here, without having these bright young faces, without having the honesty, it would be very difficult to explain to somebody exactly what I saw.

Mr. BARKER. In other words, if I came to Washington and saw you, you would figure this is another nut?

Mr. RANGEL. What I am asking is, recognizing the hangups of the establishment, and recognizing that many of the silly things that we require people to do are absolutely unnecessary, have you managed, however, to have some standards to determine how many people actually went through Seed's doors, what types of problems they had when they went through? What happened to them after they completed it?

Mr. BARKER. Yes. We have a complete record, and a complete dossier on our kids and we keep those records up to date.

Mr. RANGEL. Have you got any literature prepared without identifying the actual participants which would sell the program?

Mr. BARKER. No, because what we have is two distinct card file things. We have the original sheets that come in, the intake sheets with the name, the address, and everything else, and then we have a coded file that goes with it for any Government and State agency to go in and go through our records to make sure everything we say is true. And I would like to make a statement. Most people do not like to hear this, but I would like to have you know this. Out of the 1,800 kids, and if you do not want to talk about all 1,800, because a lot of them are still in the program, then I can tell you this, that in the court system, in the school systems we break it down by Dade, South Broward, North Broward, by individual city or anything else, we are 90-percent successful. I will continue to make that statement. I will make it under oath. I will make it at anytime.

At the end of this year, we hope at the end of this year, that the National Institute of Mental Health, through the Texas Christian University, will come in and back up everything I have said. If they say a year is not enough, I say, OK, fine, we have been in business 2 years and the percentages are still holding up. Because we are not just taking kids off drugs, we have changed their attitudes toward life.

We have changed their attitudes toward themselves, to love of others, love of God, love of their country. They love themselves. No human being can consciously destroy themselves if they know themselves and they know what they are doing and love themselves. So, we have changed that, we have changed their attitude. We have young men and women all over the country in universities and we are in close touch with them, and the mothers and fathers of these kids return to us at Christmas and Easter vacation and things like this. And we know these things, and we know where they are, and we have totally changed their attitude toward life, and they have no reason to destroy themselves again. We have given them a choice. All of these young people that come to us know of only one way to live. When they walk out of Seed, they know another way, a way of being happy with your life, of being together.

Mr. RANGEL. How do you translate that into a proposal?

Mr. BARKER. It is pretty tough. I wrote a Government grant once and I had the word love in there, and I am sure a lot of people got sick in Washington and did not know what the hell I was talking about.

Mr. RANGEL. My last question, Mr. Barker, is, do you believe that one of the reasons that youngsters are enticed toward marihuana is because it is illegal and because it is antiestablishment to be messing around with it in the first place?

Mr. BARKER. Antiestablishment, sure, but it is a cake. It is an inthing to do. Every one of the kids at the Seed because of the acceptance, because of his peers.

Mr. RANGEL. But the illegality of the whole darned thing did add to the excitement?

Mr. BARKER. I think our record stars and the entertainment industry, et cetera, singing about how great it is to get stoned and high and so forth, and that is why I teach kids "America." Come down and listen to it, "America." We are teaching them something else to sing and believe in.

Mr. RANGEL. I am not talking about that. I am just asking during this period of honesty whether the fact that marihuana is illegal contributes to the youngsters wanting to be involved with it.

Mr. BARKER. I do not know. I do not know. It is illegal for a kid to drink, but he wants to try it.

Mr. RANGEL. That is my point.

Mr. BARKER. But, even if liquor is illegal——

Mr. RANGEL. Well, legally, legalization means different things to different people. Certainly it is not more harmful than cigarettes, and now it is legal but it certainly is supposed to be restricted in its sale and use, and we still abuse it.

Mr. BARKER. If we stopped the fantastic amount of drugs that come into this country, then we know that is a different ball game altogether, right?

Mr. RANGEL. And our pharmaceutical houses in the United States are manufacturing drugs, too, you know.

Mr. BARKER. I agree, and I think we should go to those people and say, "Hey, there is no need for all of these amphetamines and barbiturates and tranquilizers." Let us stop kidding ourselves. You do not need $90 billion a year, you know. Let us just make enough for what is really needed. If we start doing that, and start cutting down on the drugs, if the Seed works in the areas we are talking about, then the combination of these two forces, I think, would be the name of the game, and let us hope that years from now there would be no need for drug problems.

Mr. **Rangel**. Thank you very much, Mr. Barker.

Chairman **Pepper**. In view of your reference to amphetamines, I thought it might be interesting for you to know that this committee, in its hearing over the last 2 or 3 years, has learned about the terrific number of amphetamines that have been dispersed out into this country by local manufacturers. It was estimated before our committee that about 8 billion a year; and we had a hearing in which we had the medical authorities present who testified as to the need for amphetamines, the medical need, and we found out there were three uses that were generally made of amphetamines. One was narcolepsy, hyperkinesia, and to counteract excessive weight, obesity, and the outside need was only a few thousand. And some of the doctors said a few hundred would be enough primarily to serve or treat the hyperkinesia and the narcolepsy, and some doctors make a racket out of giving these amphetamines to these people who lose a few pounds and wind up with an amphetamine addiction.

So, we offered an amendment on the floor of the House. We lost it there, but we got it adopted by the Senate and we have kept pressing for it until now. I think we have had a part in getting the Government to impose a quota system. Now, we have reduced, by about 82 percent, the amount of amphetamines that are on the market in this country. We hope that our Government will continue to reduce it until it gets down to a very few hundred a year or a few thousand at the outset.

I found one case in San Francisco where an Illinois concern was manufacturing amphetamines and shipping them to what appeared to be a consignee in Tijuana, Mexico. And we had in our hearing room in San Francisco, 13 cases of these amphetamines, totaling 1,300,000. It was developed that there were not any drugstores or institutions at that address, it was the 11th hole of the Tijuana golf course. And for several years it has been a fraudulent way of getting amphetamines into the black market. The shipper or the recipient would pay, I believe, $12,000 for them, and sell them for $300,000, 25 cents apiece in the U.S. black market. And at least 50 percent of the amphetamines were going into the black market. So, a little bit has been done in the way of limiting it.

Mr. **Barker**. I am very happy to hear that. Like I said before, I hope that none of the Congressmen thinks that 90 percent of all of our kids that come in are well into the downer habit or barbiturates, tranquilizer, and for some time, and they have been shooting that long before they get into the general. And I think this is a problem that should be recognized, that you should not just talk about hard narcotics any more, and just talk about hard-narcotics addicts of long-term duration. But, the problem should be right down with the 15-year-old kid with 3 years of drug abuse and 2 of those years well into barbs, and cocaine, heroin, everything else, and this is where we have to make our thrust.

Chairman **Pepper.** Do you agree on the observation we made here this morning in the conversation with the four young people who were here that while there may not be any direct clinical or physical relationship between marihuana and heroin, that by being in a drug environment, a drug culture——

Mr. **Barker.** I certainly do agree.

Chairman **Pepper.** You heard that?

Mr. **Barker.** Yes.

Chairman **Pepper.** And you agree with that observation, that sooner or later it leads, in most cases, to other drugs?

Mr. **Barker.** Yes, sir.

Mr. **Phillips.** Mr. Chairman, I believe the head of the Broward County School Board is here now.

Chairman **Pepper.** Dr. Anderson, would you come up now?

I want to ask you one question while he is coming up. What is the maximum number of people that you can accommodate with your present facility?

Mr. **Barker.** About 2,000.

Chairman **Pepper.** Is there any what we would call peak category or scientific like amount that you could have in one institution like Seed?

Mr. **Barker.** No, sir. What we need are facilities like most programs we talked about. We need larger facilities.

Chairman **Pepper.** How many could you properly handle? How many in one institution?

Mr. **Barker.** I think a couple of thousand in the place I have now.

Chairman **Pepper.** Suppose you had the money to get as large an institution as you could properly operate. What is the maximum limit?

Mr. **Barker.** I don't think I would ever allow it to get over 2,000. I think that would be a comfortable limit. You know, a lot of people were very uncomfortable about it when there were 40 to 60 kids and they thought it was too big a group and now we are dealing with a thousand kids and you saw the effectiveness of what that is doing. I think 2,000 would probably be the limit and it would have to be split up then.

Chairman **Pepper.** 2,000 is about the limit?

Mr. **Barker.** Right. But, you can keep it on the same premises, the same facilities, and have upstairs and downstairs and next door, and that is the whole idea. I hope in the near future, like I said, you will see us training people to carry on all over the United States.

Chairman **Pepper.** You are not getting any public assistance in such training programs, are you?

Mr. **Barker.** No.

Chairman **Pepper.** In other words, it would be very helpful to you in explaining this type of a program to be able to get some?

Mr. **Barker.** I am totally limited as far as what I am doing. The National Institute of Mental Health grant that we have covers us for Broward County. The LEAA grant of $30,000-plus covers us for Broward County, period, in the court program, so that means all of the other counties we are working in, this comes under the goodness of the mothers' and fathers' hearts that can support it, and help us, and that is why we are desperately looking for other counties to help us and that is why we went before the county commissioner of Dade County yesterday and asked them for their support.

Chairman **Pepper**. Very good. Now, we have Dr. Anderson and Sister Therese Margaret. We are very happy to have you both.

STATEMENT OF DR. LYLE E. ANDERSON, CHAIRMAN, BROWARD COUNTY SCHOOL BOARD, AND SISTER THERESE MARGARET, BUREAU OF FAMILY SERVICES, ARCHDIOCESE OF MIAMI, FLA.

Chairman **Pepper**. What is your position, Dr. Anderson?

Dr. **Anderson**. Chairman of the school board, Broward County.

Chairman **Pepper**. How long have you been chairman?

Dr. **Anderson**. I am just finishing up my first year as chairman.

Chairman **Pepper**. What were you the year before, what was your occupation?

Dr. **Anderson**. I am a professor at Fort Lauderdale University.

Chairman **Pepper**. Very good. Now, will you tell us what your observations are?

Dr. **Anderson**. Yes, sir. I have two major points I would like to make.

Before I do, I would like to comment about Mr. Rangel in one of the comments he made earlier, and that was about an hour ago, and he said, "I will have to go along with Mr. Murphy and reexamine perhaps some of the ways I conduct my family's business."

I happen to be a father of four boys, and the oldest one is just 6 years old, so none of them are certainly involved in the drug problem as yet. I have spent a considerable amount of time at the Seed.

Your comments, sir, were something to the effect that it can help all of us, even if we do not have a drug problem, and it has helped us in our family in the way we approach our kids now.

And just out of the clear blue, you know, one of my children will come up and say, " I love you, Daddy," and it did not happen really that much before we started using that term a lot.

And Mr. Brasco remarked a little bit earlier when he left the Seed last night someone said to him, " I love you," and he said he was taken aback.

Well, one time Art said to me, the first time I met him he said, "I love you," and I do not know, I still cannot bring myself to say "I love you" to another man. But, that is just a little side issue.

I think the Seed has a lot more to offer than just drug education. The two points I would like to make are basically the reason why you are here, is to bring the attention of the people of this area and of the United States to the drug problem that we certainly do have. I know most of you give speeches very, very frequently. I, myself, give many speeches to parent groups, and it is a very frustrating feeling, in a way, to stand in front of a parent group of senior high school students, and you can look everyone of them straight in the eye, and you can say take a look to the parent at your left, and the parent at your right, and one of your kids are on drugs. There are 50 percent of the kids on drugs in the high schools. I have no question about that and there are many more because that is a low estimate, in my opinion.

I think in Broward County we have over 25,000, perhaps 30,000 children, students on drugs. So, we certainly do have a problem when most of our agencies are geared to say in our county, which has a population of 700,000, and that maybe 2,000 to 3,000 people are involved in this unfortunate situation.

The other point that I would like to make is the way that the drug problem is handled, or the drug program is handled. The school board of Broward County has a budget of $103 million. We could absorb the Seed, all of the other programs in Broward County without any problem, and if we did it would just be one bureaucratic mess. They would be just one of our little departments, and whatever, you know, I hope that you do not put the responsibility for drug rehabilitation with the school system. We are very concerned with it.

We want to assist in every way possible. We want to refer students to drug programs, various drug programs, but if we are responsible I think that a great deal is lost with drug rehabilitation. Art and I have talked about this many times. We are the establishment.

These kids right here in back of me now, I can walk in here and they will say, "I love you," and we can talk. But, in that formal school setting it is not the same. We are the establishment, the principal, the teacher, and it is not the same as when that principal or teacher is at a private Seed facility or another facility. It is entirely different. It was an entirely different relationship, and that relationship must be maintained, and it must be separate from the school system, and I very firmly believe this.

And that is the key point that I wanted to make, in addition to the number of people who are involved in drugs. Thank you.

Thank you very much, and I would be happy to answer any questions.

Chairman **Pepper**. Let us ask Sister Therese what comment you would like to make, Sister. Please, what is your connection with education?

Sister **Therese**. Well, sir, everybody has been working here very hard, and if you would not mind my introducing just a moment of levity, some of you gentlemen, I think, mistakenly called Art a doctor, and he recently is, and I think he is our only honorary doctor in Broward County, and we are proud of him. He received an honorary doctor's degree about a month ago for the work he has done. [Applause.]

Chairman **Pepper**. Has his efficiency deteriorated?

Sister **Therese**. That is a good question. I have got to be careful because the chairman of the school board is also a bona fide doctor, and I had better be careful of that one.

Specifically, sir, what is my position at the Seed? I work for the archdiocese of Miami, with the bureau of family services. I am on assignment to the Seed. I do not report to anyone except Ben Sheppard, and our agreement is I only report on command. Dr. Sheppard has frequently visited the Seed, and as you may know, he is in charge of the methadone clinic here, and I think since his familiarity——

Chairman **Pepper**. We are going to hear him tomorrow.

Sister **Therese** (continuing). Since his familiarity with the Seed, I think you are going to find he has reversed, and this I admire him for, but he has reversed many of his previous opinions.

Specifically, my work at the Seed, because of my credentials that I bring with me, aside from being a certified guidance counselor with the Department of Education of the State of Florida, I also am certified with the department of administration and retirement, which has nothing to do with education, but it is a department of administration and retirement of the State of Florida, as a drug abuse counselor.

So, carrying these credentials then I sort of feel, pardon the slang, that I ride shotgun on the National Institute of Mental Health statistics that are kept at the Seed.

In other words, every intake paper that is made before and after codification, I work with both sides of them. I regroup.

Mr. PHILLIPS. Sister Theresa, before you get to that, could you tell us whether or not the scope of the problem of drug abuse by teenagers and school-aged children is similar in Catholic private schools as it is in public schools?

Sister THERESE. Absolutely. There is no difference. We have people that are paying tuition depending on where the school is located, the kind of clientele that it serves from the very affluent to the least affluent. I personally, until very recently, when I resigned my position of director of guidance to go full time with the Seed, was director of guidance in a middle-class, 750-pupil school.

Mr. PHILLIPS. I thought you left the school system.

Sister THERESE. I forgot my Eastern Star button today. But I was talking openly with some of my kids and I would say, for example, say in the sophomore class, how many kids are really straight, and if I could come up with 10 names out of 200 I am doing well, so I am saying we cannot hide them.

I find that this is one of our greatest problems, and probably more so, Dr. Anderson, in the Catholic school system than in the public school system because the public dollars that go in, you know, you can slough it off and say they have got to take everybody.

But, in our school people think well, we are going to pay the little extra so we want a little extra and we do not have a drug problem. We have got just as many druggies.

I started a graffiti sign in my lab at school, and my principal ordered me to take it down because I don't think he liked what I was finding. I find that many administrators do not want to see the problem.

It was my recent experience in November, while riding in a car with a guidance counselor from another Catholic school in my city, and I turned and I said, "Hey, listen, tell me what you know about the unwed mother problem in your school," and "My God, unwed mothers, we do not have those."

I almost drove off the road, you know. I teach my kids how to get down the hall the other way from the administration so that they will not kick them out. I think there is a lot of relationship in our country between the VD epidemic stage, and I think that Dr. Paul Hughes, the head of the department of health would back me up when I say this, but it has reached almost epidemic stage. I think that you will find that there is a great deal of relationship between the level of VD and the level of drug use in our country.

I also spend every Thursday night in jail. I do not sleep there, but I spend every Thursday night in the women's section of the city jail in talking, and we do not have a special place where the women can go like the classroom situation, and I just go right back in the section with the women.

And during the wintertime most of the women are bona fide women as far as age is concerned, but these are young teenagers and in every instance it is drugs, so the judge and I have got a little something worked out with Seed, and we get them out of jail, paroled out, paroled into Seed.

I have one young girl paroled to me for 3 years. The word was passed to me that she did not like it any more, and her husband was going to try to break the parole and all of these kinds of things, and I said that as long as she wants to leave the Seed, fine, I will go back and have the parole changed. And I have not heard from her since.

So, I think she wanted to stay.

Mr. PHILLIPS. There is one question I wanted to ask Dr. Anderson, if I could just interrupt, please. We are very late, and I am sorry to interrupt. Just one question.

Do you view the drug educational rehabilitation program as an educational program which should remain separate from the school authorities, separate buildings, separate staff and separate operation; and how do you view the funding, should it be school funding?

Dr. ANDERSON. No, sir.

Mr. PHILLIPS. Why not? If the education resources are there, and you are getting through to the kids, and you are not giving them new values or getting them to stay drug free, why don't you think we should take some of that budget and use it for rehabilitation programs set up within the department of education in a separate facility and try to do the same thing Mr. Barker is doing?

Dr. ANDERSON. How you cut the pie is all right, but I think one of the reasons we are into this problem right now the way we are is that we have not had enough funds for proper education.

Now, if we take our operating budget and slice off a portion of what we presently have for drug education on the scope we are talking about, now with this big problem we are going to be even in worse shape with our regular academic program, our vocational program and guidance and counseling.

Chairman PEPPER. Excuse me, Dr. Anderson. Do you know how much money you are getting under Federal programs for drug education in Broward County?

Dr. ANDERSON. No; I do not. I do not think we are.

Chairman PEPPER. If there is a Federal program I will ask the staff to get those figures. There is no Federal program that you know of now for the treatment or drug treatment and rehabilitation in the schools, as such? I think there are a few million dollars appropriated annually to provide so-called education. That is the films and the lectures, and things like that I think you referred to that you found more objectionable than beneficial.

Well, we are running late and I wish we could spend an hour interrogating you all further. Is there anything you want to add, Dr. Anderson?

Dr. ANDERSON. Yes. The type of things where kids come and talk, that is the effective type of drug education. The films, in my opinion, are not that effective. It is just like right at your committee hearings, that is to make the people aware of drugs. The people that are here today are people who are concerned and are trying to help.

The people you are trying to reach, just like church on Sunday, they are not here, they are not here, and when this comes on television they are going to turn to another channel, or they are going to turn it off, and that is our big problem.

Chairman **Pepper**. Well, we have Art Linkletter, you know, and everyone knows of his lovely, 20-year-old daughter who committed suicide while she was under the influence of drugs. She had taken drugs for some time, and then she began to have a loss of her mind, and finally one morning she called and said she could not face life with the prospect of being mentally deranged, and she was going to jump out the window of her apartment house, which she did.

And so her father, a distinguished public figure, came before our committee and testified, and he said just what you have emphasized, that we older people, even parents, as you all said the other day, cannot have any influence over the children. You have got to have somebody to talk to them that they will listen to; and apparently it is somebody who has been through that experience.

Well, Gentlemen, if you have no further questions, we will excuse you. Thank you very much, Mr. Barker, Sister Therese, and Dr. Anderson. We appreciate it. [Applause.]

Mr. **Phillips**. Mr. Chairman, the next witness would be Father Frederick Harrison, Father James Jones, and Mrs. Marian Siegel.

STATEMENTS OF REV. F. C. HARRISON, EXECUTIVE DIRECTOR, SPECTRUM PROGRAMS, INC., MIAMI, FLA., ACCOMPANIED BY REV. JAMES JONES, COUNSELOR; AND MARIAN SIEGEL, EXECUTIVE DIRECTOR, HERE'S HELP, INC., MIAMI, FLA., ACCOMPANIED BY DENISE BLANCHETTE, COUNSELOR

Chairman **Pepper**. I will note that these people are involved in drug rehabilitation, these three witnesses here today. We are sorry we have delayed you so long, but we want you to know that we are here as long as you will tell us anything, so we are not going to run out on you or cut you short in saying what you would like to say to us.

Mrs. Siegel, you have been connected with Self-Help?

Mrs. **Siegel**. Here's Help.

Chairman **Pepper**. Here's Help. I am sorry. I attended the luncheon they had the first day in North Miami Beach, and they have done a splendid job, and so you all go ahead.

Mr. **Phillips**. I would like to put two questions to each of you, and they are very, very broad questions, and if you could each comment upon those two questions, and then we will have additional questions, I am sure, from the committee.

Starting from right to left, could you tell us your view as to the size and dimension of the drug abuse problem with teenaged children and school-age children, and what you think should be done about it?

Chairman **Pepper**. Father Frederick Harrison.

Reverend **Harrison**. I would like to respond to that in my remarks. I believe I give my views about that, and statistics.

Chairman **Pepper**. Go right ahead, Father. We will be glad to hear you.

Reverend **Harrison**. I think that in view of what we are doing here, Father Jones and myself, as well as Mrs. Siegel, who wants to express her views about the problem, I think it might be well if we start with Father Jones, who I think wants to deal with it at one level, and I at another level, and Mrs. Siegel at more a programmatic level and a very practical level. And I suggest that Father Jones start.

Chairman PEPPER. Very well, Father Jones. You go right ahead.

Statement of Reverend Jones

Reverend JONES. My name is James Jones, and I got my training starting in 1950 in Congressman Murphy's backyard. And I was chaplain in the Cook County jail for 16 years.

And for 22 years I have been working with opiate addicts, and I would like to say that we do not claim that Spectrum is the answer. It is an answer.

Chairman PEPPER. Where is Spectrum located? I want the record to show.

Reverend JONES. The Spectrum programs are located in Broward and Dade Counties.

Chairman PEPPER. How many physical facilities do you have?

Reverend JONES. Five physical facilities, 154 opiate addicts in residence, approximately 150, something like that.

Chairman PEPPER. Is it a nonprofit organization?

Reverend JONES. Pardon?

Chairman PEPPER. Is it a private or public organization; is it set up by law?

Reverend JONES. It is a corporation.

Chairman PEPPER. It is a corporation, but it is not a State, Federal, or county agency?

Reverend HARRISON. Private, nonprofit organization.

Chairman PEPPER. Private, nonprofit; okay. Go ahead.

Reverend JONES. To understand the background of Spectrum's program for the treatment of narcotic addiction, I think it helps to understand the three basic trades that our staff comes from. Some of us are priests with backgrounds in philosophy and theology.

Others of us are professionals with degrees in psychology and casework, and others are professional ex-addicts with long years of experience in the treatment of addicts in therapeutic communities.

From a philosophical background, I think we are convinced that when St. Augustine, in the sixth century, found the Manichaean heresy, you had a touchstone beginning. Manichaea said that things were evil. Augustine fought that principle and said God did not make anything evil. It is what man does with things.

I suggest to you, however, that from 1914 to 1917 both the Volstead Act and the Harrison Act lean toward Manichaea, and said essentially that this Garden of Eden, the United States, with prosperity just around the corner, and fighting the war to end all wars, was really a great place for our Adams and Eves to live, with the exception of two terrible things.

One, an apple, when crushed made ethyl alcohol, let's get rid of the apple and we would have no problems.

The other was a snake which tempted man, and thus get rid of the snake and you would have no problems.

The Volstead and Harrison Acts especially said get rid of the chemical and the problem will leave.

Our position is that there is an overemphasis on chemicology problems and an underemphasis of the human problem that gets mankind into the same kind of problem he has always had when he falls into Manichaeism. Deep addiction is a human problem and the chemical is incidental to it.

I am not for a moment saying to underemphasize the seriousness of the chemicology, but I am saying to lean over as if the whole problem had to do with chemicals gets us in very serious trouble as we try to attack it.

Basically, an opiate addict is a dependent personality. It starts with a parent syndrome. Almost every set of parents that I interview as clients come into our program, we find that there is what we call a feeder and a killer. Sometimes it is the mother who is the feeder, sometimes the father, and sometimes they interchange roles, as the mood comes over them. The feeder gives, and gives, and gives, he buys cars, he does things, she makes meals, she makes beds, makes bond, buys lawyers and so on in the feeding process.

This feeds the real narcissism that lies in the personality of a narcotic addict.

If primary narcissism is that first year of a baby's life when he does not really distinguish between self and other, that he is the whole world, and if secondary narcissism is say from the second to the fourth year of a baby's life that yes, there is a difference between me and you, but you are the person only to do for me, if mother is tired, too bad, feed me and if you have a fight with your wife and baby wants something he wants it.

He has no concept of your rights and needs. A narcotic addict has really never progressed much between vacillating very much from primary and secondary narcissism. Thus, the feeder partner of the parent situation just feeds that narcissism. You almost get the feeling of a junkie lying down, and just sort of taking it in, and taking it and taking it, and the old kind of treatment of do this for this person, do for him, does not get him well, because he just takes the feeding himself.

On the other hand, the killer is often what we call a lightweight lug dropper. The kid never quite makes it. Oh, you got a B in arithmetic, you should have got an A, always in a sense squashing in some way, taking that ego and flattening it flatter and flatter and flatter, over a long period of time.

Thus, if narcissism is the first syndrome of a narcotic addict's ego, pathology is the second one. The addict then is something like a 210 engine which is running on 80 volts. He cannot quite get started, he cannot quite do anything. He has never been anywhere, he has never done anything. Dr. Erskine of New York's Bellevue Hospital describes an opiate addict as a person who has been living his life in a cork-lined, air-conditioned, windowless room, never done anything. That is serious ego pathology, and it has to be treated professionally.

The problem with the treatment is that so often we shoot by the money, and the only way I know to break narcissism is in real, open confrontation with that problem. And the only way you build ego is in support of therapy, and the two have to be done simultaneously or if they shoot by each other, narcissism is fed, and ego pathology is further flattened.

The third syndrome of the narcotic is sexual immaturity, or we might say lack of sexual identity. I am talking in no way about classical homosexuality, but I am saying that an addict has an adult body, he has often made babies or born them, but he is usually about 12 years of age in terms of his sexual attitudes.

What we try to do in a therapeutic community is to live in a peer group situation, 7 days of week, 24 hours a day for somewhere between 9 and 18 months. Now, I am talking about opiate addicts, a mean age in our program is 24 years of age. I am not talking about amphetamines, barbiturates, hallucinogens. I am talking about opiate addiction. And I would hope, and seriously caution this committee that as you make recommendations, that we almost stop using the word drugs, because drugs is such a vast spectrum of different kinds of things that one sort of an approach that works for one kind of a person is not going to work for another person unless we make some distinction between the kind of drugs which is being used and the nature of the pathology of the individual involved.

The therapy works as it plugs into a crashed ego in the building process, and narcissistic breaking in the confrontation process; sexual maturity happens, the man and women, the boys and girls live together in the same community, not in overt sexual activities, but in growth activities, learning what they should have been learning most of the time they were in their teen life and did not because they were busy shooting dope.

The millieu therapy of morning meetings, seminars, and work responsibility through 21 different job classifications is primary therapy, and some of the basic therapy, primary therapy which gets done three times a week or maybe five times a group to get at narcissism, special groups to get at various forms of methodology, depending on the study we have had in our background transaction, and analysis and other kinds of treatment.

In all, every one of our patients or clients receive 21 different kinds of therapeutic situations a week. In 3 months his head is sort of beginning to get together, and he has what we call the 3-month well syndrome. He is okay. He begins to act as if he is okay.

But, our experience has been to not be fooled by the act of the 3 month's 90-day wonder. I remember some of the incidents that were produced in 90 days, and I seriously caution you to look askance at an opiate addict who thinks he is well in 90 days.

In my experience of 22 years I have never known an opiate addict to get well at this, particularly, thus we have a loss rate at 3 months, a slight rate, we call it, because they think they are well. Generally they come back and by 6 months we are beginning to have days off, outside activities, and in 8 to 12 months, they go into reentry candidacy, and finally reentry, into employment, pay 20 percent of their wages in room and board, and finally graduate into between 1 and 3 years of aftercare groups.

Some of these groups are low key, called walk-in, groups. Other are on a very high key basis, walk-in groups, working with the question of failure, or disappointment, authority problems, rejection, hurt, loneliness, anger, rage, sexuality, and so forth.

If you take all of our clients who enter this program from day 1, the goodly number coming from the judicial system and Judge Sepe, himself, has sent us a number of people, we bat approximately 54 percent success, a little over half. If, however, you move back 60 days, the highest split rate is in the first few days. You heard one of the gentlemen indicate that his daughter stayed in the therapeutic community in New York a few days. That is very common, 2 or 3 days, then split. But, if you move from 60 days on, the rate moves much higher in success.

The cost of such a program overall is $12.36 a day. I suggest to you that this is "Macy's bargain basement." I do not like scare figures, and I do not like excessive uses of statistics, but I do think it is safe to say that an opiate addict with a good burner uses $100 a day, and he's stealing $300 a day, and on this kind of a program, at a cost of $12 a day, I think it is a rather good investment.

We work hand in glove with a strong police department, a good jail and prison authority, and a good judicial system, and we are not against arrests, we are not against convictions. I do not really care whether the record is cleared or is not cleared, because I think that is kind of mumbo-jumbo, particularly with the FBI records as they are, and you have talked about that.

What we are against is the futility of simple arresting and incarcerating. Under the kind of behavior modification and therapeutic program we are involved in, we are producing more effective results than simply arresting and incarcerating. May I remind you that the cost today of simply building more cells is $19,000 a cell, building it, and I do think that we have to seriously consider a number of different alternatives to the system.

Chairman PEPPER. Father, if I recall correctly, evidence before this committee has indicated that it costs about $5,000 a year to the taxpayer to maintain somebody in jail.

Reverend JONES. Yes, sir; and it is about 5 years to run it. It is only fair to say that an opiate addict is only going to enter a treatment program behind a rather heavy push, and he might take it in lieu of the fear of prison or other things. So I am not suggesting we get rid of prisons, I am simply saying use the judicial system as a wedge to get opiate addicts into treatment.

It is our job, then, to build the motivation of an addict stronger and higher from that point on. I would strongly recommend, as I have heard other people today recommend, that if the addict blows the therapeutic community that court lenience cease and desist.

I would like to speak of some of our weaknesses at the Spectrum while I am here. I think one of our basic weaknesses is parent treatment, this killer-feeder syndrome which needs a lot of help. If there is any one place we would like to expand, it is in the area of helping the parents overcome, or at least modify a little bit, their own behavior. I have seen it in such extreme cases where it would appear in some parents that their life almost depends on their child being sick. As long as you are not OK and remain sick, and need ma, that makes me OK.

I had a case yesterday where we took a urine every 72 hours, and we are not playing with a Boy Scout troop. We do not believe anyone if he says he is clean. We take a urine and spend $4.15 every 72 hours, and I want to see it clinically analyzed before I know he is clean, and I want to see it for 3 years.

I got conned. I was alone, it was a female client. She ran a clean urine on me because I did not—I suppose I could have, but I did not watch her urinate, and she finally said, just yesterday, that her father gave her the clean urine, her own father, and she had turned on to methadone.

We run parent groups weekly, we run in-depth residential weekend parent groups four times a year. But I would say that we are not doing as good a job in the whole area of parent treatment as we should, and I hope if you will come back to say, Miami, another year, we might present something far better than that.

I want to reemphasize we do not claim that Spectrum is the perfect program. There are different strokes for different folks. We've sown our oats with opiate addicts; do not claim to be experts in other areas.

I would like to end with some predictions, and I began in the 1950's in Chicago. The addict was primarily the son of an immigrant, some of them even Irish, would you believe, Mr. Murphy, Greeks, Italians, off Taylor Street, the Polish off of Milwaukee Avenue, strong like open blood, black guys and gals, immigrants from Mississippi and Alabama.

A child of an immigrant syndrome was heavy in the 1950's up to the 1960's. The inability of this kid to find out who he was as he straddled two cultures, as the ethics and the mores of the two societies didn't really fit into either one produced an anonymous human being, and the use of herion made him even more anonymous. Little by little I think the ghetto addict has been slightly decreasing in numbers, but we, of course, have seen a vast increase of middle- and upper middle-class addictions.

The personality syndrome is almost identical, but I think the causes of the middle- and upper-class addiction are much more difficult to ascertain, to pinpoint. Certainly it is safe to say, gentlemen of our Congress, that something bad is going on in this country affecting the lives of our young people. We could talk about cultural shock, knowledge shock. I have heard a lot about what educational institutions should be doing about this problem.

I haven't heard much about the kind of manipulation that educational institutions are doing to our young people as they demand responsibility, but often give very little chance for our kids to respond to anything, and responsiveness gives, from giving a kid something to respond to other than through mathematics and go through some kind of a system, and just come out sewage at the other end. I think the whole question of the Vietnam war—and I don't wish to get into any hawk-dove argument with any of you gentlemen or anyone—but I do think the upsurge of opiate addiction which inevitably happens after Asian wars; we saw the same kind of peak after the Korean war, and we are seeing another kind of peak after the Vietnam war. I, too, looked into addiction after Korea, and if you will recall it was very similar then.

By the way, we learned, from the Korean prison systems, some methods of behavior motivation. We found they could take a marine and break him, and we learned some things that we can take junkies and break them. It is possible, and we learned that from them.

I do think that as I work with some of the returning Vietnam opiate addicts, that some of the horrors that they describe to me in their nightmares, as they talk about using dope, some of the horrors they tell me about make the Mylai incident look like a Boy Scout jamboree.

I worked with a young black ex-addict a few weeks ago on a weekend marathon group for 4 hours on Key Largo, and he finally started screaming his guilt out, and tears were running down his face, of cutting off women's heads and sticking them on poles outside women's villages to show when they said search and destroy they meant it, and he is getting off of this heroin. This is not an isolated incident of some of our returning veterans.

One last thing I would like to say, particularly about the Miami area that some of you live close to, and some of you are visiting, is the first generation in the migrant syndrome is about to explode in Miami. We have over half a million Spanish immigrants. Kids are now just getting to the age of that Irish kid from the West Side, and that Polish kid from Milwaukee Avenue where he is struggling to find his identity, straddling two cultures.

In the first generation immigrant syndrome I am convinced this is going to be one that we are going to be facing very seriously in Miami, and I would certainly hope that included in your thinking would be some serious thought as to how we combat this more effectively, with this first-generation immigrant group, than we did with the Hungarians, the Greeks, the Italians, the blacks, the Polish, the Irish, and every other group that ever came to this country, with the exception of some of the U.S. Indians, of which I am part. Thank you very much.

Chairman **PEPPER**. Well, thank you for a scholarly presentation today.

Reverend Harrison, would you care to add your commentary?

Reverend **HARRISON**. Well, one of the reasons I wanted Jim to speak was because I do respect not only his integrity and experience of 22 years, but he was my teacher, also, in Chicago, as a prison chaplain at the Joliet Prison, and he does, I believe, have an insight on this person, the addict, and I hope you are listening to him. And I know you have a lot to listen to, but it says much about where we are as a nation, and it is that to which I would like to speak.

I would like to put my own feelings, my gut feelings on the line, and I am willing to risk my own vested interests, but I believe you people need to hear some feelings, as well as the question which was submitted about statistics. You are asking about statistics which just are another one alongside other statistics, and we really do not know. We should really reality test this, and some people will tell you there are 80 to 90 percent of the kids in the schools that are using drugs, and you will hear someone else, some of the school authorities who might say 10 or 15, or I have heard school principals say we do not have a drug problem in our school.

I guess it just depends on where your vested interests are, as to whose statistics you are going to use. So, if we are going to approach the problem of drug abuse in our schools and our youth, I think we must as a Nation be honest. And if we are not willing to be totally honest and deal with some of the real issues that are before us, then I think we are kidding ourselves if we think we are going to solve the problem.

Now, we have been listening to people who for years, and Jim pointed this out, have said that drugs are not the problem. It is not a chemical problem, it is a people problem, and if we are willing to accept this, yeah, it sure is, we sure got a people problem, then I think it is about time we define what the problem is if we are going to solve it, and we cannot solve it unless we are going to be honest.

So, if we say the use of drugs is a people problem, a people problem, this includes our youth, and I sometimes think that our youth is taking the rap for this. But, if we look at it as a nation, I think it is something else. This is just one place where we are seeing the use of drugs. You heard testimony about teachers that do not want to tell the students because they, themselves, might be using them.

But, I do not think that as a committee you should think of it just as a problem of our youth, but as a problem of people of all ages, and it just happens that we are more aware of it in our youth.

So, obviously something has made it this way, and it has to be something to do with us adults, and the way we are living which brings about the despair and the hopelessness that our youth is seeing. And I think it has a lot to do with us, with the whole Nation, all ages.

Now, every time I come to a hearing of this nature I get a lot of mixed feelings. I said I was going to be honest. I get a feeling that you are looking for a real quick answer. I get a feeling that I am going to be turned off because what I have to say is not going to be practical, and this is my feeling. Well, if we are to have practical answers, or quick answers, suggestions that will bring about some sort of a favorable result, you know, quickly, if this is what we are looking for, then I think we ought to check our own vested interest of where the real issues are.

So, let us be honest. And as the leadership of this Nation is looking for some program or programs, or multimodalities, or up in Richmond they even have a new word, "Omnimodality," you know, we are looking for these programs to deal with drugs, and our youths, and then we must be, and I think you, as a committee, should look at some of the basic causes of abuse of substances, and they will reveal to us some of the real issues of why our treatment programs and our educational programs will not solve the problem.

I really do not believe that all of the treatment programs that we have are going to solve this problem in our Nation. There are many good programs, but they are not solving it.

I also think that if a lot of our program directors, and I guess I have got to include myself, that if we are going to be totally honest and we have to be, we have to admit that it is important there be a supply of drug abusers available and, therefore, justify the vested interest we have in our programs, and we have got to have a production of abusers.

Mr. RANGEL. I would like to interrupt for a minute, if I may. While you may be talking as a project director, it seems to me by your chosen profession that you would have a much higher goal in life beside your program.

Reverend HARRISON. Well, I certainly hope so.

Mr. RANGEL. Well, then, you would not be included, would you?

Reverend HARRISON. No, I say I am including myself. I want to be honest, and I want to protect my own vested interest. I want to have, as do many, as any others, I am ——

Chairman **Pepper**. Father, would you allow me to interrupt you just a minute. We are very keenly interested in what you are saying and what you will say. This is a period of recess for the Congress. It began last Friday, and it goes until the 17th of July. Mr. Keating here is a Republican so he is not down here attending our Democratic Convention. I am home, so I would be home anyway, whether we were having this hearing or not. Mr. Brasco is from New York, and had to leave this afternoon to go back to New York.

Mr. Mann, I believe, is going to remain here, and Mr. Murphy has to leave and go back on account of a death in his family in Chicago, and Mr. Rangel, I do not know whether he is going to be able to stay or not.

Mr. **Rangel**. I will be able to stay this evening.

Chairman **Pepper**. But, this committee is deeply interested in the subject or we would not be here, we would not be doing this, we would be doing something else during this recess. We are deeply interested in trying to find something that can be done that will be helpful, that we can do to induce the Federal Government to take a credible part, so that we heartily welcome, Father, what you and Father Jones have said.

So, go right ahead.

Reverend **Harrison**. Well, I am trying to interpret that. I am trying to get my feelings out here, and I have some suggestions, and I think it is on a different level.

I just returned from Jerusalem, an international symposium over there and where drug leaders from all over the world got together and tried to share their thoughts and feelings, and we also got a view of how we were looked upon as a nation, and it was obvious that, you know, that the United States was looked upon as a pretty sick nation.

And I think that all of us, including those who were involved in the methadone clinics, felt that the United States, while it has the leadership in drug abuse, it also has the leadership in treatment. We have got a lot of good programs. But, it was obvious, and we are convinced that the social disorientation and the decay of our society is what is the cause of this.

I get the feeling, and I am sorry I get the feeling that I am being turned off because of time.

Chairman **Pepper**. You are not. I told you that at the beginning, Father. If it is midnight, you will find a respectful hearing for what you have to say.

Reverend **Harrison**. All right, and I think the issues of the drug problem, the issues of the drug problem are not in law enforcement, or education, or treatment. I think that as our young people look at this Nation, they look at the pollution of the land, they look at how slowly we are moving toward solving some of the problems, and their solution. They have been brought up, our kids, 12 to 20 years old have been brought up observing a war and they do not understand why there is a war, or why they should be a part of it and get themselves killed. They just do not understand this.

They do not understand all of this taxation. They do not understand. They feel like it is a military state, and that we are falling apart socially. This is how they view us, and this is how the rest of the world is viewing us. And I think as they—we as despairing adults try to find some kind of meaning, then they observe us with alcohol, and pills; and overeating and all of this, and why then they see that there is something wrong, there is a big void in their life.

Mr. **Rangel.** During this honesty, Father, I must agree with you, and as a Catholic altar boy I found it a little difficult when Cardinal Spellman was blessing the guns.

Reverend **Harrison.** I agree. I do see a lot of things, and I do not understand why. I think that if we are going to be in a position, you people in particular are in a position of leadership, and I think you people do have some power as committees. And I would hope that the answers you are looking for are going to be "yes," in programs, but also going to be to take a look at ourselves as a nation and report back to the Congress in honesty of how you really feel, be willing to risk your vested interest, and to somehow, I guess what I am crying out for is somebody in this Nation to say that our drug problem is because we are socially ill, and I do not hear it.

I do not hear anyone willing to vest an interest to say that we are socially ill.

Mr. **Rangel.** Let me join in with you, Father, because as a former State legislator, I agree that many members of the clergy could not hear it because when those of us who were representing the powerless were there, and the poor were screaming for housing, screaming to turn society around, the only time we saw representatives of the church was on abortion, tax exemption, and bingo control. [Applause.]

I am saying that I would be screaming a little louder, and I am trying desperately hard in my area to bring about those who have taken vows far more sacred than those that I would take because of my attempt to be honest, to hope that we can hear their voices on the very vital issues affecting our society today.

Reverend **Harrison.** Yes. If I were to make recommendations to deal with or to solve, to deal with the problem of drug addiction, I guess I would have to go back to that which caused the fall of the Roman Empire, and impose those conditions for what happened there to our society, and I would suggest we deal with the family unit in some way.

And this is difficult, as the family unit is so deteriorated, and I suggest we do something in reforming our tax structure which is breaking the back of the individual. I suggest we take a look at ourselves as a military state, which was another cause of the fall of the Roman Empire.

I suggest we take a look at the sports, which was really a sign, and I am not a sportsman, but the sports of the Roman Empire became more violent, and more competitive, and they, too fell as a nation.

And last of all, they fell apart spiritually. I would hope in some way that we as a Nation speak out that the churches are failing to do their job, that as a military nation, where over 50 percent of our tax dollar is going to support, you know, a military machine, are you willing to vest your interests, and cut that in two, and put it in some kind of social reform?

Why are we so slow in pollution? The computers tell us that we are going to die in 10 years unless we do something about pollution. And, you know, we slowly move toward it.

Now, the reason I am talking about war, and pollution, and taxation, and the loss of spiritual values of our people is that I think drug abuse is just another symptom, and that we cannot just isolate drug abuse in our society and deal with the symptom. Somehow we have got to convey to the Nation that the total illness that exists in our social fiber is what is causing the pollution and the drug abuse, and all of these other things, and I do not get the feeling that anybody believes this.

In Jerusalem we were convinced of it. What convinced me, I thought about it before I went, but as the other nations viewed their feelings about America, it was confirmed and reaffirmed, that the only way we are going to deal with drug abuse is to do something about our total social fiber, and our life style as Americans.

And unless somebody says it, that "Hey, there is something wrong with the way we are living in America," and I write a letter to the President, as millions of other people do, and get the same form letter that they all get back, and say "Hey, won't somebody get up and say there is something wrong with something we are doing as a nation?"

This is why we have drug abuse, and all of the treatment programs in the Nation are not going to solve it. And I suggest that we do away with drug education, and Hy Rothstein will probably say it tomorrow. We do not need drug education in our schools. We need character education. Quit identifying it with the substance, and this is why I wanted Jim to speak. We are identifying it with the substance, and I think that we will, we have got to identify it where the real issues are, and that is in our American life style.

And we all need help, and I wish the leaders, and you people could see it, and realize it, and be willing to admit it.

Our young people have been raised watching a television screen, being told if they use certain products they will be happy, or if they take certain pills or substances they will feel good and they do not have to cope with the pressures or anxieties. "Use this product and you will be happy," it says. They try it and they soon learn that we have been dishonest. Our young people look at some of our adults in positions of leadership and power and then observe the committees appointed which point out their corruption and dishonesty. Our young people have been presented a value system which says go to school, get an education, go out and get a fine job and you get rich and you will be happy; and if you earn money, as the advertising says, all of these material things will bring fulfillment in life. They soon learn that this is not true, as they feel the void of love, trust, and honesty. It seems that they feel they have been presented unachievable goals, and that life is to feel good and not suffer; and here again we have been dishonest. Suffering is a part of life.

Chairman PEPPER. Have you finished, Father Harrison?

Reverend HARRISON. Yes, I believe so. I have expressed myself, and I am trying to convey it, and I guess that is my way of doing things, is getting to my feelings, and I guess it is somewhat of a demonstration because a lot of our people, and particularly those on abusive substances are people who are not able to deal with their feelings, and maybe there is my own therapy, that I was going to be honest.

But, what I really want to convey in some way is that the problem is deeper than I see the Nation dealing with it, and I am just trying to impress that on your minds as a backdrop, that when you go back to deal with military budgets, and pollution programs, and anything that you are dealing with, from the problem of drug abuse in our youths, and the whole thing, I think this is a part of the package, and all a part of the one package.

Chairman PEPPER. You feel that what we call drug abuse is a symptom rather than a cause?

Reverend HARRISON. Definitely, yes.

Chairman PEPPER. Well, suppose we hear the other members of the panel, and then we will interrogate, if we may.

Mrs. Siegel, would you care to make a statement?

Statement of Marian Siegel

Mrs. SIEGEL. Yes.

Chairman PEPPER. Would you give us your name and address and your organization?

Mrs. SIEGEL. Marian Siegel, Here's Help, Inc., in north Miami, Fla.

Chairman PEPPER. You are the executive director?

Mrs. SIEGEL. Right.

Here's Help, itself, deals with youngsters between the ages of 13 and 21 involved in the soft-core drug abuse.

Before we were basically talking about the problem itself up until the time Father Harrison spoke about our society and what was really happening, all I heard was, "Well, the kids have problems. Now, let's ship them to a rehabilitation program, and they will find the answers, and that will be it."

But, nobody really said where are the problems coming from, what happened to these kids, these children. They are mine, they are yours. Something must be bothering them. Drugs are definitely only a symptom.

The problem, if you look at society today, and you look at the family unit, how many families have both parents, and if both parents are at home, how many of them are so busy trying to get materialistic things that they will take the time out to sit and talk, and have a relationship with their children?

Mr. PHILLIPS. I am sorry to interrupt you, but did you hear the testimony of some of the children that were here this morning?

Mrs. SIEGEL. No; I did not.

Mr. PHILLIPS. We asked the question, did they think that their family environment and homelife led them to drugs, and each one said their family and homelife had nothing to do with it, but the cause of their being involved with drugs was peer pressure; they would get with their friends, and they would be mouthing off saying I take drugs, and finally somebody would confront them with a joint, and then they would take it. Now, you disagree with that?

Mrs. SIEGEL. I think peer group pressure has a lot to do with it, but I think that kids today——

Mr. PHILLIPS. Have you interviewed kids to ask them about that?

Mrs. SIEGEL. Certainly.

Mr. PHILLIPS. In other words, you reached a different conclusion?

Mrs. SIEGEL. Right.

Mr. PHILLIPS. What is the conclusion you have reached?

Mrs. SIEGEL. I think it is mixed. I think peer groups have a lot to do with it, but I think kids today are feeling rejected, and they want to be loved, and you want to talk about the generation gap.

Well, the generation gap is merely lack of communication. They are spending most of their time at home with their families, yet they cannot sit and communicate, and if they want to talk about their ideas, or what they are thinking about, they are being judged, and they are not being accepted as individuals.

Mr. **Phillips.** Yet we had two parents who testified, they were very, very eminent; one was a judge and a U.S. Commissioner, and the other gentleman was a professor at the college here, in guidance. Both were very eminent gentlemen, and both were very, very concerned about their children, and one testified, especially, that his kids turned him off, even though he had a very, very fine relationship up until the time his child got involved with drugs, and he had a very fine relationship with his other five children.

Mrs. **Siegel.** Well, this happens to be two parents. I mean, we see hundreds and hundreds of kids, and I think there are definitely situations where parents have tried absolutely everything and have failed because of peer group pressure. But, I think also that you must look at the family unit, and you must——

Chairman **Pepper.** And it is, I think, a pretty generally accepted fact that with all of the advantages of modern life, and the delights of it, including TV, that it is generally that we have so little time for conversation in the average home. If we are home we are looking at TV, or listening to the radio, or reading, or drinking, or doing something. What you are saying is that we do not have very much time for the parents and the children simply to sit down and converse in a broad and intimate way. Is that it?

Mrs. **Siegel.** Definitely. Definitely.

Chairman **Pepper.** Go ahead with your statement.

Mrs. **Siegel.** I think on top of that when the kids—basically you must be relating to the school situation because the adolescents are always attending school, parents are so frustrated, and now you take it into the school situation and you are bringing it to the principals, teachers who are saying, "Well, if the parents cannot handle it, and they cannot sit down and deal with it, how are we supposed to deal with it, and what really is our responsibility?"

I think, really, the question is: Where does the responsibility of what happens to our kids in our society really belong. I think it belongs to each and every one of us, that we have to sit down and search for what has happened, whether our ideals are right or they are wrong, and what do we, as a nation, really want. It is all materialistic things. Why is it there is a need to cop out on drugs? Why do some kids have to feel good all of the time? Whoever said any place that you have to love all of the time, that you cannot hate, that you have to have good feelings all of the time, that you cannot cry?

It seems to me that in every commercial, every time you want to feel a certain way, take a pill and it will make you feel that way. Well, what happened to the feeling of just being a human being and being happy, and being sad, and growing?

The trouble with kids today is that while they are on drugs they have stopped growing because they are not thinking naturally, and they are not feeling the responses that they should be feeling naturally. They are just feeling one great way all of the time.

Now, in reference to the school system, I think that in the rehabilitation programs, and using the ex-addict, we are first, our first goal, of course, is to take kids off drugs, and we do that with various types of encounter groups and therapy. We use the ex-addict, we use the psychologist, the psychiatrist, social workers. We also try to give them tools, prepare them to go back into school.

We insist that they get an education, so that once they leave the program that they will have the various tools to survive.

Now, in the school system everything today in society is towards the white collar. Everybody has to be college material. Everyone has to be President.

Well, there are not enough jobs, there are not enough presidents for every company, and somebody has to do the blue collar jobs. Some kids just are not motivated enough. I think that we have forgotten about the technical aspects of trades, and there is no shame if somebody is a plumber, or if somebody is a bricklayer, and we should take these kids who have no, who do not seem to have the initiative or the spark to be college material, and instead of feeling as a parent, or as a nation, that they have failed, to take these various trades and let these kids develop the way they feel, so that they should have self worth, and not feel because they are not college material that they really have failed.

Now, in the school system I think that teachers should realize when a kid is high, when a kid is on a trip, and should be aware of it. But, I do not think in a place of learning, and schools are a place of learning, they should not be able to do therapy. There should be a screening program, and funds should be made available for programs, rehabilitation programs to be able to take the kids out and give them the various tools that they need, the various therapy that they need to be able to go back into the school situation.

But, I do not think that it is the teacher's responsibility to become a psychiatrist, or a psychologist, or to learn and to actually have to deal with something that our society has done.

Mr. **Rangel.** Well, you are dealing with professionals, ex-drug addicts, and you have not found it necessary to deal with psychiatrists and psychologists, so why would it be such a hangup to ask a licensed schoolteacher to get involved to the same extent that one of your staff members would in trying to appreciate the value of people?

Mrs. **Siegel.** Well, if you wanted to do it that way, I mean you can do it in the schools, if you want to do it on the school grounds, and take a section of the school, and have group rooms, because this is exactly what we are doing now, and we are finding it semi-effective only because we do not have enough funds to be at the school 7 days a week, or 5 days a week. We are there 3 days a week running groups, and that is an answer.

I am just saying that it is really not ideal.

Mr. **Rangel.** But, you would not place any higher medical standard on the schoolteacher population that you would place on your own agency?

Mrs. **Siegel.** Right. Right.

Chairman **Pepper.** Go ahead and proceed.

Mr. **Siegel.** I think, basically, that is really where it is.

Chairman **Pepper.** What does your agency do for the youngsters in the first place? What age group do you deal with?

Mrs. **Siegel.** We are dealing with the kids between the ages of 13 and 21.

Chairman **Pepper.** Thirteen and 21? Now, what do you do?

Mrs. **Siegel.** When the kids come into the program, first of all we have them interviewed by a psychologist to make sure that it is the type of kid that we can handle. We also put them through a medical, too, in case they are carrying any kind of disease that we are not aware of, so we know how to treat that, too.

In the program, itself, we have many kinds of therapy groups, group therapy, sometimes individual therapy which gets down to the gut level feelings. The kids are at a place where they can be accepted for what they are. They do not have to pretend, they do not have to play the outside games anymore.

Chairman **Pepper.** Is yours a residential system?

Mrs. **Siegel.** No, ours is a day-care program.

Chairman **Pepper.** Day care? Now, you try to make yourself available to the student in respect to a problem that the student has. It is a voluntary agency?

Mrs. **Siegel.** Right.

Chairman **Pepper.** In other words, you try to be somebody to whom they can come and get help?

Mrs. **Siegel.** Well, you say voluntary. There are, I would say, 60 percent of the kids that are probated from the courts.

Chairman **Pepper.** Now, what you try to do is analyze the problem of the youngster and then help with the solution to that problem?

Mrs. **Siegel.** I do not really think that analyze is the right word. We merely let the kids come in and identify their own problems. Drugs are just a symptom. They may be on drugs and come in because they have been caught. But, the thing is what is your guts, the feeling of being rejected and not loved, what each and every one of us wants. If anybody here could say they do not want to be loved or do not want to be accepted, they would be lying.

Chairman **Pepper.** And so you try to develop among the other students a feeling of love, and friendship, and worth for them so as to give them the feeling that someone cares and is concerned about them?

Mrs. **Siegel.** Right, and they can accept themselves as an individual.

Chairman **Pepper.** Is there anything else, Mrs. Siegel?

How many students are you handling?

Mrs. **Siegel.** We have 80 students in the program, and we have about 300 kids in the school programs.

Chairman **Pepper.** About 300 in the school unit that you already treated, you mean?

Mrs. **Siegel.** No, groups.

Chairman **Pepper.** That already have gone through your institution?

Mrs. **Siegel.** Right. No. There are 300—three times a week we have counselors from the program going into the schools, running the same kind of groups that we have at the program.

Chairman **Pepper.** Well, you mean you run those groups in the schools?

Mrs. **Siegel.** Right.

Chairman **Pepper.** On the school grounds?

Mrs. **Siegel.** Right.

Chairman **Pepper.** On the premises?

Mrs. **Siegel.** Right.

Chairman **Pepper.** And they give you a room or rooms?

Mrs. **Siegel**. Right.

Chairman **Pepper**. Then you would let them come to those rooms?

Mrs. **Siegel**. They are excused from their classes, yes; and they attend the group. You see, the problem, of course, is that you cannot have the same kind of result that you have in the program, because in the program it is 7 days a week, and it is from 9 in the morning to 11 at night. At the school program it may be an hour and a half only three times a week because of the lack of funding.

Mr. **Rangel**. Are these students examined the same way as those examined at the center?

Mrs. **Siegel**. Right. We have an intake form, and we take all of the information down before they come into the program, and they are evaluated after the program.

Mr. **Rangel**. How do you distinguish between the drug addict and the class cutter?

Mrs. **Siegel**. I am sorry, I do not understand.

Mr. **Rangel**. When you do not want to go to a class that you are scheduled to go to, they say that you are a cutter, you have cut that class and you are called a cutter. How do you distinguish between those who walk in your program and who just do not want to attend class during that hour and a half three times a week?

Mrs. **Siegel**. Well, first of all, during all of the groups everybody participates, and you get a feeling. Their feelings come out, and it may very well be in the beginning that they are just a class cutter, and what difference does it make, because if they want to get out of that class, they are not going to learn in that class, and if they are coming back and coming back, in the beginning you may not be able to reach them, but after a while whether they want it or not they are absorbing something.

Mr. **Rangel**. So, your program is designed to assist the nonaddict or anyone with a problem in an educational manner or interest in education?

Mrs. **Siegel**. They must admit to having drug problems in coming into the school program.

Chairman **Pepper**. Mrs. Siegel, may I interrupt? How do you rate the effectiveness of that part of your program which you conduct on the premises of the schools with that part that you conduct upon the premises off the school grounds?

Mrs. **Siegel**. Well, as I said, off the school grounds, it is 7 days a week and there is a commitment from 9 in the morning until 11 at night. And you can, you can reinforce everything much better than you can on three times a week for an hour and a half. I think part of the success of the treatment is to be able to reinforce what you are treating.

Chairman **Pepper**. Well, the reason I asked that question is because Mr. Barker did not think, and others testified to the same effect, they did not think that it would be possible for their programs to be moved on to the school grounds, to the school premises.

Now, are you saying that it is possible for your type of program to be located on the school grounds and operate in conjunction with the schools, although under a separate authority?

Mrs. **Siegel**. I do not think that it is the ideal situation, but I think that it is definitely——

Chairman PEPPER. That it can help?

Mrs. SIEGEL. Right. I think it is helping.

Chairman PEPPER. Is there anything else, Mrs. Siegel?

What results have you had? I mean, what in terms of some sort of a rough percentage? How many have you materially helped, do you feel, get off drugs?

Mrs. SIEGEL. You know that when you have to talk about statistics, I always hate to make any kind of a commitment because it depends on where you are counting from. Each person who walks into the program, after they have been there a certain amount of time—if you are asking us about the 60 kids who graduated in 2 years from the program, of the 60 kids, according to our followups, and we follow up very closely and bring the kids back in for groups once a month. I can say 100 percent. If you are asking me from the kids who come in and split, in the first 10 days, I would have to say maybe 40 percent. If you are asking me after 6 months——

Mr. RANGEL. On the 100-percent figure, what was that one?

Mrs. SIEGEL. I have kids who have totally gone through the program for 1 year, and have gone through the stages and have graduated.

Mr. RANGEL. Could you think of any way at all, Mrs. Siegel, for people who are unfamiliar with this program, good programs or bad programs, to be at the Nation's Capital and ask what you are doing, how can we evaluate its effectiveness?

Mrs. SIEGEL. I think that people who are involved in the programs, and who are dedicated——

Mr. RANGEL. But there are a lot of hustlers in the drug program, too.

Reverend HARRISON. There sure are.

Mrs. SIEGEL. I said dedicated.

Mr. RANGEL. So how do we determine dedication on your proposal form? What I am saying is that we always get ripped off because no one wants to urinate in the bottle, no one wants to give a statistic, and everyone feels that you cannot determine success with statistics. I agree. But how can you help us determine whether or not a program is not successful but trying, as opposed to one where someone is just ripping off HEW?

Mrs. SIEGEL. I think basically you have to look at how long has the program been there, how stable it is, is it 6 months, is it 2½ years old. If it has some kind of stability, if it is responsible.

Mr. RANGEL. I have programs in my district that have been funded for 6 years. They are stable.

Reverend JONES. I hear a lot of you fellows are ex-judges and lawyers, and so forth. When I want an answer to a legal problem I find somebody who is a pro. Now, look, research and evaluation is a professional field, and there are pros in this, and they set up criteria, and they do not play the game. They are pros.

Mr. RANGEL. Father, if you could see the hypocrisy that is involved in Washington with these outfits. When you see how they are selecting the evaluators, it is a heartbreaking experience. I wish I could agree with you that they are pros. But, if it is a black community, they want a black doctor who has some political pull to come there, thinking that his word may have some credibility as far as being a member of the community.

Reverend **Jones**. The first thing you do not trust is the guy running the program to tell you his statistics. Now you all know that. You do not audit your own books, you bring an auditor in.

Mr. **Phillips**. But, you keep your own books, and if someone puts the question to you, you hope that the answer is there, and the Government has an opportunity to go out and to audit it.

Reverend **Jones**. I suggest to you if you want valid statistics out of drug programs, bring in professional auditors and take a look.

Mr. **Rangel**. I am not strung out on statistics. The only reason I mention it is that I cannot find a substitute. But, no one came down here a bigger skeptic of Seed than I, and I have been conned so many times that I did not think that I could be conned in Miami. But, instead of statistics, what has happened here was that Mr. Barker produced people throughout the community who had individual experiences, and as he brought together schoolteachers, and judges, and commissioners, and children, one would have to walk away saying that we have no statistical data, but there is a validity to the program.

Now, I am saying that we cannot go to Miami, New York, and Chicago to evaluate every program. But, I am asking for some way for me to be able to say why not give this a try, it looks good, without asking for statistics.

Reverend **Harrison**. I must relate an experience and I will keep James out. I have been a contractor under NIMH for over 3 years under the NARA contracts. I have over my career dealt with NIMH. They are professionals, and they were very careful to evaluate a grant, a contract, before it was awarded, and they made the decisions.

It has been my experience, and I am sure shaded with my own paranoia, that as I observe the grants now being made, it appears to me from my personal experience that the political clout that you have is going to get you the money, not how good a program you are.

Mr. **Rangel**. Well, let's say this: I wouldn't knock political clout being behind any good program.

Reverend **Jones**. It's like the cop. If he is a good cop you like him.

Reverend **Harrison**. And I am not knocking political clout, you know, because I have got my own clout list. But, what I am saying is that along with your clout list you had better back it up with some reality and honesty and integrity, and I do not believe this is happening throughout the Nation.

Mr. **Rangel**. Well, it is difficult. It is very difficult for legislators to attempt to be experts and give a free evaluation to the many proposals that come across our congressional desk. The only thing I can do, I suspect, is what Congressmen mostly do, to see who is associated with the program back home. And if it means that it is people who have reputations to be lost and not people who have lost their reputations, if people who deal with honesty and integrity are involved with the program, then you try to use your political clout to give it a chance.

Now, that's politics, whether you color it with a clergy or community leader or politician. It is just trying to find out what the people are doing without arousing people's sensitivities when you are trying to evaluate success.

Reverend **Jones**. I am sure, however, that you could quickly see that the fulcrum of statistic keeping has to do with that, with at what point do you plug into a program to count, and how long you count after the program. That is the fulcrum.

Mr. RANGEL. You can forget the first 3 months, as far as I am concerned, and call that the normal dropoff.

Reverend JONES. If you forget the first 3 months and do not count the normal kinds of fantastic split rates, all drug programs that I know of, your statistics are going to be much higher.

Mr. RANGEL. Use the best you have.

Reverend JONES. And if you take only your officially stamped graduates, they are going to be even higher. If you put the whole kit and kaboodle together from day 1 to 3 years later you are going to be batting low. That is just fact. You see, when you are looking at success, determining success, if you had a kid in the program, and you have had him for 3 months or 6 months, and he splits, but he has left with some knowledge, and he is thinking, he has learned something about himself.

Mr. RANGEL. That is the problem. That is the problem.

Reverend HARRISON. I think that in addition many of the professionals are trying to term success as drug free and, you know, you may be very successful for making him drug free for 4 months, but if you do not know what happens beyond that, I guess that helps your statistics, but I think in reality that a person stays drug free for a year, and they go back to drugs, and come back to treatment; the next time around it is 3 years, you known, and there is something taking place with this person.

And that is a successful thing.

Mr. RANGEL. Well, I support programs that merely cut down the junkie's habit, so after you cut his habit down that means he needs less money from the street, so I do not need a lot of statistics. But, when proposals do come there is certain language that has to be used. You go to a lawyer for legal advice and I am suggesting that if Washington is going to be conned by professionals, we might as well use them. They are good.

Reverend JONES. I want to show one other statistic that makes me giggle almost every morning that I go into Spectrum House. We have a little statistic we keep which is called drug-free man-days.

Well, the first year or so of Spectrum it was a simple little number. Now the multiple number is so big we had to make a bigger sign, and it is getting like MacDonald's hamburgers, you have to put more neon lights up, and it is crazy, you know, but it is for the trade.

Mr. PHILLIPS. I have just one question about that, and I did some calculations here. Based upon, I think you said $12,087——

Reverend JONES. $12,086, I thought I said, $12,086.

Mr. PHILLIPS. Well, what I wrote was $13,000, plus $365, which is $4,745 a year. That is per addict, I take it?

Reverend JONES. Yes, sir.

Reverend HARRISON. That is the residential treatment, now.

Mr. PHILLIPS. So you are spending $4,745 a year on each addict that you have.

Reverend JONES. And he stays somewhere between 8 months or 18 months maximum. I cannot tell you. It differs with different cases.

Mr. PHILLIPS. At least it would be that much?

Reverend JONES. About five grand, yeah.

Mr. PHILLIPS. About five grand per year, per addict?

Reverend HARRISON. This is the hard-core addict, residential care.

Reverend JONES. I would prefer to put the word opiate addict, and I keep hitting away on this.

Mr. PHILLIPS. You mentioned that before.

Reverend JONES. Because it is an extremely different critter.

Chairman PEPPER. Yours is a residential facility?

Reverend JONES. Yes.

Chairman PEPPER. How many do you have in residence?

Reverend JONES. We have 154 in residence.

Chairman PEPPER. In Dade and Broward Counties?

Reverend JONES. Dade and Broward.

Chairman PEPPER. Do the courts send you any young people?

Reverend JONES. A great number.

Chairman PEPPER. You do not get any pay from the county, State, or Federal Government, or anybody for those?

Reverend JONES. In the Federal Government, we have an NARA contract.

Chairman PEPPER. You have a Federal grant from NIMH?

Reverend HARRISON. It is, sir, a contract, a NARA contract, which is entirely different.

Chairman PEPPER. How much is it?

Reverend HARRISON. Well, let me see. This year, you know, we are on a November to November, and it will run maybe $291,000.

Chairman PEPPER. And what percentage of your cost of operation is that?

Reverend HARRISON. Well, that is a small cost. We are about three-quarters of a million dollars. The total cost included in kind, it was about three-quarters of a million dollars a year it costs us to operate. That is with 154 in residence, and that includes another 150 in aftercare, including jail groups and all of these other parent groups, and all of that.

Chairman PEPPER. So, that money is only about a third of your operating costs, which comes from public funds?

Reverend HARRISON. Just about, right.

Mr. PHILLIPS. Tell us where the rest of the funds come from.

Reverend HARRISON. LEAA, if you can get it. We have a prison program with the department of health and rehabilitation services where people are actually doing time in our house. I am their warden. They are assigned there as residents and doing their time there. We get a per diem rate there.

We also have a Federal prison contract where people come out of Federal prisons.

Mr. PHILLIPS. So you are getting other public money?

Reverend HARRISON. Yes, small amounts. A great portion, of course, comes in with what we can raise locally, and private foundations.

Mr. PHILLIPS. Are you raising as much as $400,000 a year?

Reverend HARRISON. Yes; our in kind, now, that is in foods and material goods, and services runs what, Jim, $180,000 a year, and we have another I. & D. grant. We also are a part of the Jackson comprehensive program, which is NIMH money, really. So you see, we have a number of Federal things.

Mr. PHILLIPS. But how much total Federal money do you get? Of the $750,000, how much is Federal?

Reverend **Harrison**. Including LEAA about $400,000 I would say, total, in both counties, in Broward County and Dade County.

Chairman **Pepper**. Roughly half of your revenues, then, would be from Federal sources?

Reverend **Harrison**. Yes.

Mr. **Phillips**. I think that budget is larger than the education budget for Dade County school education program, as I understand it.

Chairman **Pepper**. Mrs. Siegel, have you anything further to add now?

Mrs. **Siegel**. Well, the only thing I did want to add is I have a young lady who is a graduate from the program. She had various experiences through the courts, and she would like to let you know about them.

Chairman **Pepper**. This is Miss Denise Blanchette?

Mrs. **Siegel**. Right.

Chairman **Pepper**. We are pleased to have you, and won't you tell us anything you will about your program?

Statement of Denise Blanchette

Miss **Blanchette**. I would like to tell about myself, really. I am 16. I started using drugs 4 years ago. I started out smoking pot, and after the first few times, you know, like it was out of curiosity, and like after that it was like I needed it for some reason. I did not know it then. I continued, you know, smoking pot, and I was sniffing transmission fluid, and I was doing cough syrup, and stealing from stores cough syrup, and then I started using ups and downs and got into hallucinogens mostly like the last 2 years, and I was using acid mostly and during, I guess, the last 2 years, you know, of my drug usage I ran away five times.

I was arrested twice for like being under the influence of drugs. I was picked up for breaking and entering once. I was in youth house twice, and I spent 6 months in the children home down in the southwest section. It is like a detention center.

And during the time I spent there I was still using drugs, like you know, after the first 2 months you got to go out, you know, go home for a day, and people would bring back drugs into Kendall. And it was like the whole thing, that whole trip really did not change me any, you know.

I was still—as far as my mother goes, I was living with my mother. She was divorced since I was 3 and, you know, I was lying to her, and I was stealing money from her all of the time, and skipping school, and I did not like, you know, have any respect for her at all.

When I was out at Kendall, you know, my social worker at Kendall tried to get me to go out more, because there is like a little house at home, and I thought they were trying to keep me in too much after it was found out that I was using drugs. So she let me go out all of the time but I still did not change because I was still figuring, boy, to get out, figuring ways to get out, and things, go out at night and things like that.

Two months after I got out of Kendall I was still using I was really using more than I was before I went in. And my mother found out that I was using again and she told me I was either going back to youth hall or go to a rehabilitation center, and I really did not want to go back to youth hall. I would go to Kendall or the State school and I was on probation at the time, so she had a number for Here's Help through, you know one of the girls who was a staff member there, and she made me call and I called for an interview and I went in the next day. And I really did not want to be there in the beginning, you know, because I would really rather have stayed out and got loaded because I did not know anything about the program or anything like that.

So, I was interviewed, and I went into the program, and in the beginning, you know, like I did not know what was going on. It was kind of like observing the people and the whole thing, and I kind of enjoyed like.

The thing that really got me was the people because a lot of them I talked to, and I could relate to them about, you know, they had been into a lot of the things I had been into, a few of them had, you know, been in jail, and everything, and I could relate to them.

You know, I could kind of relate to the way they were, to the way I was, and could see what they were doing with themselves, and then I kind of liked that, and I kind of figured well maybe I could do that. And I was in therapy for about 8 months.

And during that time, you know, my home situation changed a lot. I could sit down and talk to my mother now, you know, like a human being, which I never could do before. I go to school, and I am in my senior year this year.

I am working at the program now, and I am a staff member, and I run groups there and, you know, the center, you know, changed me a lot. And you know, there is a lot of things, you know. If you have any questions I would like to answer them and give some of my views on some of the change.

Chairman PEPPER. You are back in school, you say?

Miss BLANCHETTE. Yes, in my senior year.

Chairman PEPPER. How are you doing in school?

Miss BLANCHETTE. Good.

Chairman PEPPER. Your grades are good?

Miss BLANCHETTE. Yeah. Well, my grades were good before when I went to school, but then when I stopped going to school, when I was using, they all dropped down because I really did not really go that much.

Chairman PEPPER. How long have you been off drugs?

Miss BLANCHETTE. About 13½ months.

Chairman PEPPER. You have no feeling about wanting to go back to them now?

Miss BLANCHETTE. You know, I get a feeling once in a while like, you know, when things go wrong I kind of feel, get the feeling like you want to go out and get loaded; but I do not.

I know that is not what I need. I can deal with my problems. I can deal with them rather than running away from them.

Chairman PEPPER. Well, Mr. Mann, do you have any questions of the ladies or gentlemen?

Mr. MANN. No questions.

Chairman PEPPER. Mr. Murphy?

Mr. MURPHY. Thank you, Mr. Chairman.

What was it like at this center? How did you find yourself—was it that you could talk with other people who had similar problems?

Miss BLANCHETTE. Well, through groups in therapy, in the encounter groups in the second stage of the program. They kind of have, you know, where you are in groups, and relate to other people, and they have problems, and they can talk about them, and you can relate to them, and they stress that, you know, you get out your feelings about things, and you be honest with yourself in the program.

Mr. MURPHY. You could not do that at home with your mother?

Miss BLANCHETTE. No. I had no relationship at all with my mother, you know.

Mr. MURPHY. Do you feel there was anything your mother could have done that would have prevented you from going the hard way through these experiences that you had?

Do you feel you had to have the experiences before you could find yourself, your way?

Miss BLANCHETTE. Yeah, a lot of people can. In the beginning I guess really if—I was never really with my mother that much. She worked, and she had to support us.

Mr. MURPHY. How about school? Was there anybody you could relate to at school?

Miss BLANCHETTE. No. I did not really care for it after a while. In the beginning I am sure something could have been done, but after a while, and after I started using a lot, I kind of didn't care about anything any more.

Mr. MURPHY. Did you ever use heroin?

Miss BLANCHETTE. No, that is the only thing I didn't use.

Mr. MURPHY. That is all the questions I have, Mr. Chairman.

Chairman PEPPER. Mr. Rangel.

Mr. RANGEL. I have one question. Is that the program you were in that was onsite, in a school program or was it a residential program?

Miss BLANCHETTE. No, it is Here's Help, Inc.

Mr. MURPHY. Were you at the school?

Miss BLANCHETTE. Day care, I was in the day-care program. I was going to school in the morning and going to the program right after school.

Mr. PHILLIPS. How long did you stay in the program?

Miss BLANCHETTE. Well, I am still with the program. I am working with the program.

Mr. PHILLIPS. Well, you say after school. Where did you go?

Miss BLANCHETTE. To the program.

Mr. PHILLIPS. And how long? That is 3 o'clock in the afternoon approximately?

Miss BLANCHETTE. No, it was from 12:30 to 10:30 or 11.

Mr. PHILLIPS. At night?

Miss BLANCHETTE. At night, yeah.

Mr. PHILLIPS. You went from noon to 10:30 at night, and you went home to your parents?

Miss BLANCHETTE. I went home and slept, and I went to school in the morning. You know, we try and get the kids now and we do not have the problem because it is summer, and, you know, everybody can come there unless the people have, you know, summer school.

But, when the people started coming into the program they have like the afternoon shift or something and the schools cooperated with us, and they, you know, changed the schedule around to the morning schedule because they have the—they could change it and the kids would come in directly after school.

Mr. PHILLIPS. Do you have to stay that long, or can you leave at any time?

Miss BLANCHETTE. No, you have to stay. You are given a schedule, a set down schedule. You have to come. It is to prevent the kids, you know, if they gave them all free time, you know, to go out all of the time, in the beginning, they would be going out and getting loaded, you know, because really they did not have that——

Mr. PHILLIPS. What happens on Saturday and Sunday?

Miss BLANCHETTE. We stay there and work around the house, like Saturday morning and then we go, you know, go to the beach or something, we plan some kind of activities like baseball teams, and stuff, and we go out on Saturday nights as a group. And during, you know, after the program, after they go in the program a while, and if they are doing all right and, you know, they are honest, and they are doing good in the groups they are given days off, you know, slowly, and then like when they reach the third stage of the program they are given more days off to start to phase out back to the community.

Like it is like all like a slow process, depending on what they do, if they do good then they are given privileges, and they have to earn their privileges in the program.

Mr. PHILLIPS. On the weekends, what are the hours?

Miss BLANCHETTE. From 9 to 10 or 11.

Mr. PHILLIPS. Nine o'clock in the morning until 10 o'clock at night?

Miss BLANCHETTE. Yes.

Mr. PHILLIPS. And the rap sessions can be going on on the beach and things like that?

Miss BLANCHETTE. During the week we have groups every night; we have stage 1 and 2 groups on Mondays and Wednesdays; and on Tuesdays and Thursdays we have seminars.

Thursdays we have male-female identity groups. where the males have one group by themselves; females have a group by themselves. There are some things they could talk easier with their own sex group, and Friday we have gyms, which is just general meetings which is like all of the different stages of this program together, and people can go up and take care of house business and things like that.

Mr. PHILLIPS. Thank you.

Chairman PEPPER. Well, Miss Blanchette, we want to tell you how pleased we are, and I am sure so many other people share that view, that you have found your way again and you are living a good life and looking forward to a very wonderful and delightful future.

Mrs. Siegel, Father Jones, and Father Harrison, I do not think many of us are not aware of how grave the concern of a lot of people of this country are as to whether or not we have lost any of the spiritual qualities in this Nation that we feel made us the great Nation that we are. We find much evidence of callousness, unconcern for human needs and human problems. Perhaps there is overemphasis upon the materialistic things, other than spiritual and mental. That is a problem that America has got to face.

I suspect we are going through a historic crisis in our country in trying to find our way, and I have great sympathy for a lot of these young people, and the older people, many of them have lost their way.

And here these young people are expected to come along and mature with a philosophy of life that will be wholesome and healthy and happy when their elders have not been able to do that.

I grew up in an eastern Alabama community, and nobody ever mentioned in those days about there not being a God, or anything lightly about whether there was any such thing as God, or not. I, at least, had the advantage of Sunday school and constant attendance in church, a moral atmosphere in the community in which I lived. And now I think of the young people who come up in an entirely different atmosphere, and an entirely different environment without perhaps so much to cling to. To what do they turn for an answer?

And they hear their elders disputing about this, and doubting other things. So, I think we must have considerable compassion when there is trouble, to find a way of life, and a lot of them unhappily turn toward indulgence of the sorts that are very harmful to them.

So, let us hope that we can somehow, under the leadership of all of those of good will and vision, find a way that we can feel more sure about the right way of life, and there will be more people that will be comforted in going that way.

Thank you very much for coming and helping us today.

Mr. Phillips, please call the next witnesses.

Mr. **Phillips.** Mr. Marder and Mr. Kassewitz.

STATEMENTS OF MICHAEL MARDER, FACILITY DIRECTOR, CONCEPT HOUSE, INC., AND JACK KASSEWITZ, JR., DIRECTOR, COMMUNITY CRISIS CENTER, INC., MIAMI, FLA.

Chairman **Pepper.** Would you give us your name and your association, please?

Mr. **Marder.** My name is Michael Marder, and I am facility director of Concept House, Inc. I am an ex-addict. I was involved with drugs many, many years ago. I was in one program for 4 years, and I worked to the top in a staff capacity, and I worked for Phoenix in a staff capacity, and also worked with Operation Reentry, Miami Beach program, which deals with prevention.

And now I am working with a guy——

Chairman **Pepper.** Mr. Matthew Gisson?

Mr. **Marder.** He was unable to stay.

Chairman **Pepper.** He is the founder of Concept House?

Mr. **Marder.** Yes.

Chairman **Pepper.** We were there the other day. Now, you go ahead. We want to have you please tell us anything about what your program at Concept House is doing. It is not a public agency, it is a private, nonprofit organization; is it not?

Mr. **Marder.** That is true.

Chairman **Pepper.** How many people?

Mr. **Marder.** It is in part of the facility at 49th Street off Second Avenue, and is a nonprofit program strictly funded by way of contributions from parents, children in the house, and donations.

Chairman **Pepper.** Now, is this a residential program?

Mr. **Marder.** It is a 24-hour live-in facility, and primarily deals with people anywhere from 14 to 30 years of age.

Chairman **Pepper.** Fourteen to 30?

Mr. **Marder.** We have a variety of people.

Chairman **Pepper.** You have a number of young people from the courts?

Mr. MARDER. Yes; we have many referrals from the courts, and also many youngsters who just run from the peer pressure that most young people do have today, and they seek admission.

Chairman PEPPER. How many people can you accommodate in your facility?

Mr. MARDER. Well, my facility only has 65.

Chairman PEPPER. Sixty-five?

Mr. MARDER. We are almost filled to capacity, and we just received that.

Chairman PEPPER. You go ahead and tell us anything you want about it.

Mr. MARDER. Actually, my purpose in being here today is not to promote or sell Concept House. When we approach the problems that are existing in our country today, I think Concept House is a good program. I think there are various other ways, many other programs, and like I say, I think if a program like Seed can reach 1,800 kids in whatever amount of time, that is a good program, too, so I am really not here to dispute the qualifications of programs.

I think we are confronted with a blast of reality which this country has been facing for a very long time in the epidemic of drug addiction. I think there is a definite dichotomy between hard-core addicts and the drug abusers. I think there is a definite dichotomy between drug prevention programs versus therapeutic programs in a 24-hour sense.

My latest statistics show that 560,000 hard-core addicts exist that we know about in the United States. Now, to define a hard-core addict: It is one who goes out and steals $300, $400, $500 a day in various crimes from illegal entry, burglary, forgery of checks, armed robbery, and murder in some cases. What are we doing about these people?

Therapeutic communities have been shown to have some success, but not enough to our standards as the standards of society.

We hear things like legalization of heroin, and everyone comes out with the humanistic bag that this is bad. I do not know if it is bad, with all of the crime in this country, and the money crimes, and in bringing these drugs into the country, and I do not think that we will ever stop the influx of drugs coming in. Perhaps methadone or heroin clinics are what we need. It at least will take away the crime rate, and then with the necessary detoxification, and with the way——

Chairman PEPPER. Do you use drugs in your program?

Mr. MARDER. No, not at this time.

Chairman PEPPER. I mean just to detoxify?

Mr. MARDER. Well, if we have an addict that comes to us who is a hard-core addict we immediately refer him to Jackson Memorial for detoxification, and we hope that the individual will still have motivation and still come into the program once the symptom is removed. This is the whole purpose of it.

Chairman PEPPER. You have a therapeutic program also, a peer group program?

Mr. MARDER. Yes. We also have a reentry house for which we receive a $30,000 grant from the United Fund. It is on 26th Terrace, right off Northeast Second Avenue.

When a person comes in our program he would come in to a phase which is the first phase, the clinical phase. After a 9- to 12-month period he is put into a reentry house where he takes on a whole other setting in the way of socializing and educating, and family orientation, family therapy. We have a diversified staff of those addicts, and professionals in a degree capacity.

So, I think we are reaching out in as many areas as possible. We just received a quarter of a million dollar grant from OEO to open up various other modality facilities.

Chairman **Pepper**. How many of the people who come into your program are from the schools?

Mr. **Marder**. Not many. Most of them come from Youth Hall, or dropouts from school. Not too many involved in school.

Chairman **Pepper**. How long have you been connected with a drug treatment program?

Mr. **Marder**. I have been involved with programs for 8 years.

Chairman **Pepper**. Now, what would you advise this committee that can be done, in your opinion, or should be done, in respect to the drug problem in the schools?

Mr. **Marder**. Well, once again, this is only my personal opinion, and first of all I think that prevention is an inevitability, something that we must have, prevention programs like Here's Help, Operation Reentry, Self-Help, and the Seed, and they are doing a fantastic job with the 12- to 15-year-old. And I think if we could set up a check and balance in the way of prevention that this would prove to be very successful. I do not think there is any one specific approach because that is a prevention level.

I think when you are talking about a youngster 18, 20, 21 years old, that is using $200 or $300 a week in heroin, I think that is a different problem in itself.

Chairman **Pepper**. Would you care to express an opinion about the present drug education programs?

Mr. **Marder**. Well, I think the drug education program is horrible, and it is kind of ridiculous that we spend all day here talking about a problem everyone is aware of. I think the educational system is bad.

I think the emphasis on academic education is very critical and important, and as easy as I said that, so is an education in the way of values, morals, principles, sense of responsibility or good work habits which are just as important as some of the criteria factors that were mentioned here today that would be effective to move into the school curriculum, school education, and have a variety.

I do not have the answer to this. I do not see anything wrong with professionals, whether they are ex-addicts or whether they are professional in a degree capacity to set up some kind of a curriculum within the schools to motivate the young people to go to the classes, to get an academic education, which most of your statistics will show you young people are dropping out from the academic education.

So, it is a matter of philosophy, a matter of motivation, and a matter of principles and values which we have to teach these young people.

I think the love and concern in all of this is beautiful. But, what about the other important ingredients we have to have, as Congressman Rangel mentioned before, about the con artist, and he is right.

And I can see that he is a man with a lot of facts behind the position he holds today. We have bums in this business, and we get some people who have dedication, but you just do not say in the name of dedication—there is a big fight in terms of who is qualified and who is not qualified.

Myself, I have to speak subjectively. I now have reached maybe 600 or 700 youngsters in the last 5 years and whatever talents I have, I have the ability to unlock their minds and give them a meaningful purpose to live without drugs. I do not mean I am against the legalization of heroin clinics, or methadone clinics, if the end purpose of it is detoxification, because we are confronted with a variety of problems.

Chairman PEPPER. You see, what we have in this country is the huge menance of drugs in the school, about which I think there can be no doubt.

Mr. MARDER. Oh, there is no doubt, because I worked in Fisher, which is an elementary school; and I also worked hand in hand with a doctor in a school in Miami Beach, Miami Beach Senior High.

Chairman PEPPER. The Congress of the United States has appropriated millions of dollars for aid to education in the States and in the communities of this country, higher education, secondary and elementary education, and yet very little is being provided for meeting this problem. We have this so-called drug education program to which the Federal Government is contributing, and except for several, as many knowledgeable people have indicated, it does more harm than good.

Mr. Barker said they stopped it in Fort Lauderdale schools, and now in the treatment and rehabilitation the Federal Government is doing hardly anything, except there are some little indirect grants that are given to little institutions like yours, and Here's Help, and Seed, that affects a small part of the school population.

And yet here is this problem of such magnitude all over America, and a lot of the school authorities that have not done anything because a lot of them do not know what to do.

Mr. MARDER. That is the thing, no one knows, they do not know what to do, and another one is, I mean, I do not profess to know anything about funding, or even how to go about raising a grant, and I have no knowledge at all, but from what I hear and read and see, and you gentlemen being here is that there is not enough funding.

Along with not enough funding, everybody is competing with my program, saying that it has the answer, and I will simply state this, and it can be put on the record, anyone who says they have an answer is a liar because there is no one answer in terms of terminating treatments, and what a person will be doing 3 to 5 years later.

I think the funding has to come under some sort of umbrella structure where each program is funded according to its needs. If Concept House has 300 and x amount—for those amounts of people.

Spectrum has 5,000 and I guess they need funding for 5,000. And I think maybe after a 2-, 3-, or 4-year program, after a program is over, you can determine whether this program is having a good success rate.

If it is, then I would encourage funding and if it is not I would close it down, and that would be the end of it because it is still trial and error. Drugs have been upon us, you know, for years and years, and it is not something new. But, now the epidemic is coming to the point that the hue and cry is getting loud enough, and parents and Congressmen are screaming, and you know, everyone is screaming, but we always get back to the basic theme where you are going around trying to find out what to do.

Chairman **Pepper**. Let us hear from Mr. Kassewitz. Please tell us what organization you are connected with.

Statement of Jack Kassewitz, Jr.

Mr. **Kassewitz**. My name is Jack Kassewitz, and I am director of the Community Crisis Center here in Miami, and also a member of the National Federation of Concerned Drug Use Workers, a new organization forming around the country.

I have been listening a little while to some of the things being said, and well, let me go first to the education. We have been involved in education areas about the last 8 months in Dade County.

In our involvement we have done some evaluations in schools throughout the county, evaluations of what we see some of the problems to be, see some of the effects that are going on in the school system, and I was not prepared to come today, but I will give this to you to enter, if you would like, some of the findings we have found in one specific school, which is just a minor example.

Chairman **Pepper**. Without objection, what you submit will be incorporated in the record.

(The report referred to follows:)

EVALUATION: SOUTH DADE HIGH SCHOOL

(By Rick Weber, Willie Evans, and Nancy Stuewe)

[illegible] the utmost concern and awareness; we of the Community Crisis Center, Inc., have taken the responsibility of evaluating South Dade Senior High School, on the [illegible] needs and services dealing with drugs, relationships in the building, and [illegible] and physical problems. Our hope is that in the near future the [illegible] be eliminated.

This report is in no way a final one, hopefully, it will be a beginning. We are willing to help in any areas mentioned and any other ones that we may have overlooked.

Thank you.

JACK KASSEWITZ,
Executive Director.

South Dade Senior High School has a student population of twenty-five hundred, divided into two shifts which consists of fifteen hundred students on the morning shift and nine hundred in the afternoon. Thirty-two per cent of the students are black and the remainder is white; with a very small percentage of Spanish.

It appears that the main problem at the school seems to be the racial relationships, and the main job of the staff is to see that any confrontations be kept small, quiet, and are dealt with by suspension or expulsion. It is certainly understandable that these racial hostilities do not stem from the school but rather the homes, and it is up to the school to "keep the peace" during the school day. The racial problems are taken very seriously and much caution has to be used in handling these matters; especially considering the riots of two years ago and the attitudes of the surrounding community. But it seems as though the job of "keeping the peace" has become almost an obsession with the administration and teachers to the point where games are being played with the students and all other problems are being ignored; in fact in many cases they are thought to be nonexistent.

The teachers at South Dade seem to fall into three categories. (Although putting people in categories is very hard to do since we are all individual persons; as you understand, I'm sure, it is hard to do an over-all evaluation without using categories). The three categories are the following; apathetic, concerned, and aware; with a large number falling into the first group, unaware. These being understood as those teachers who are established academically and socially in the community. These teachers have ignored the drug, emotional, and juvenile delinquency problems of our double standard society, instead they are led blindly by academic and scientific theories of dealing with people on the whole. They, in no frame of mind, believe in the high intensity of our society's above mentioned problems.

The concerned are willing to exert efforts toward table talk but not direct action toward the solution of any of these problems. This group is mainly comprised of female teachers, approximately fifteen per cent of the faculty.

The aware group can be summed up in one word: where? This group, composed of two faculty members, is acting only through seized time. The group is excellent but unfortunately its size is frightening for a school with a student body of twenty-five hundred.

There are some older teachers who know what is going on as far as the needs of the students, what is lacking in the system, and how to handle the problems; but to get it done they have to fight the school and many of them have admitted to being too old and tired for that.

The student body seems to have its biggest problem with our double standard society. They must make many transitions every day in going from their home community to the school community. At home they are taught racial prejudice, and many times hatred, and at school they must live with each other decently, as just one example.

The students are being taught no self-discipline by the administration's decision to hold fast to a minimal amount of rules. This is one of the games I was speaking of earlier; how can students learn any self-discipline, or self-respect when they are being pampered because the administration is afraid of any confrontations? Most of the students seem to be in the school because they must or feel they must be there. They are apathetic and seem to be satisfied with a staff that just smiles all of the time and a tug-of-war game. The student body seems to take each other and themselves with very little seriousness; this may be due to the fact that they are looked upon as a student body, with very little focus on individuals. For many of the students, the school is the only place in this stage of their lives where they could have the chance of being looked on as young adults with a definite individual personality that is worth caring about.

Many of the problems of the students may also come about because the community offers no recreation halls or social gathering places for the students while they are out of the school. When there is nothing to do but sit around the house or work around the house no wonder going out to a field and getting high looks so inviting.

Granted, the main job of the school should be education; but when the kids are apathetic, strung-out on drugs, or considering suicide because they see no future for themselves; then the school must step in. With these kind of problems, they cannot be expected to achieve their full capacity as students or as individual human beings.

The set-up at South Dade High School is typical of many American schools. It can be classified as being a medium sized school, under staffed and a great potential hot bed for a drug crisis explosion.

The drug scene is, as usual, almost completely underground and in full operation; involving approximately thirty to thirty-five percent of the student body. The main drug traffic is stimulants, depressants, marijuana, and alcohol. The lesser used, but still used drugs, are heroin, L.S.D., mescaline, and speed. The use of drugs among the black students has seemed to increase in this past year; possibly also for the reason mentioned before: lack of anything else to do.

Two programs at South Dade that seem to be running smoothly are the Triple-I program and the agricultural training. It seems that since such a small percentage of South Dade graduates go to college possibly even more trade and skills classes should be offered. The students might as well be learning something they can do well in and will interest them and that they can be building some kind of a future on.

The staff at South Dade is money and academically oriented; they do their assigned jobs and at the days end they head home. Many problems concerning the staff are solved on a personal basis. Staff meetings are rare and practically non-existant. Principal Gross summed up the staff quite respectively; "nothing is accomplished in staff meetings", hence, the staff at South Dade exists in name only.

The counselors at the school seem to be very busy, which is reasonable considering there is paper work to be done on twenty-five hundred students; but this makes it difficult for a student to go in with a problem for repeated discussions or even a few lengthy ones. Some of the counselors had been buried in paper work for so long they were out of touch with the students enough to believe that the only thing wrong with the school was the split shift and that if all of the students were attending at the same time everything would be just fine.

It appears that the school is completely different on the morning shift than the afternoon shift. How can the afternoon shift possibly get excited about the school and their classes when all of the good electives are offered to the morning shift? Even on the morning shift, though, students complained of a lot of repetition in academic material, either from the previous day, week or year. It seems that schools should teach the students something and not be insulting their intelligence, even if it means dividing the classes into levels of intelligence or comprehension.

Some program should be planned out for substitute teachers so that a whole period does not have to be wasted. The classes where the teacher was replaced by a substitute for the day either did busy work or just talked among themselves.

Pampering and pacifying the student body seems to be the main job of the teachers and administration. If they are good they can leave school five minutes early and if they are bad they lose library privileges. The individuals are more important and if no one has that much time for them we would like to come down and work with the staff. Our solution not only lies within education of the teachers but a complete infiltration of information for both faculty and staff members at South Dade in the areas of drug treatment, drug causes, and drug addiction; as well as other social and psychiatric problems. This would also include a program of rehabilitation for students in all areas.

Many of the teachers through conferences and private meetings have promised to give time and participation in helping to establish a solid source of emergency services, counseling, and information concerning problems the students face daily.

Mr. KASSEWITZ. What you have heard here will probably give you some ideas to find out what we need to do in the education system.

We have the gamut from racial prejudice to teacher apathy, and the teachers who just say well, I want to help, but if I get involved, if I get involved, my principal is going to fire me. I cannot take time to get involved, and numerous actions like this we find affecting the young person.

I think some of the honesty we should deal with here today is that there is no panacea, there is no one answer that Concept House, Spectrum House, Crises and the Seed can have. They are all part of the multimodality necessary to meet one of the greatest problems our country has ever seen.

Today in our country there are as many reasons for drug abuse as there are drug abusers, so we cannot find just one answer. And what we are hoping, for instance, at our center, where we are licensed for a number of things, we have a hotline system, we have outpatient facilities, we have an educational system.

So, we run across the gambit, and in a week we will see 500 cases called of which 70 percent are drug related, where people are calling for overdose, et cetera, or not knowing anyone else to listen.

Another organization called Switchboard in Miami does the same thing, and they are finding the drug problem in Miami is getting higher and higher, and ending with statistics like 5,000 addicts in the county.

We also have another problem that we are finding among the young people, which is not just drugs, but we are finding alcohol rising in use right now among young people also at an alarming and frightening rate.

In the United States we have 5 to 7 million alcoholics, and a number of young people are now getting involved in this area.

We found an interesting thing about young people, I think, in the drug abuse area. For a lot of kids who become apathetic in the educational process that are going to our schools, through our school systems, we have found a great deal of structure with the drugs where they had nothing to do before in the day, and now they can go out and steal, and drink booze, and they can go to the pusher and they have something to do.

They have found a trade. And part of what we are trying to do in the therapeutic community in Miami, in therapy we are trying to replace what we see going on in the individual by behavior modification, change of the negative modes the individual is using.

Another question and key area that Father Harrison talked about is the complete breakdown of the nuclear family within our culture. The individuals have lost respect for their family, lost respect for themselves, and respect for their country. And it is very difficult again, and where Father Harrison is going to begin to get them to give respect to themselves, if we do not have respect for ourselves, if you go up to the teacher and say I need help, and the teacher says I cannot get involved, the teacher is not even showing respect for himself, so how can we teach the young person?

So, when we see this double standard where they are seeking out help, and we have gone in the school system in the south end of Dade County and worked with teachers, and we have found as a national statistic of the teachers that we have worked with, or any training that goes on in drug abuse, about 5 percent of those individuals who took the course are working—and are working in the drug area have actually gotten involved because it takes a tremendous commitment with an individual who has a heroin addiction, because they are not the nicest people in the world, either.

I remember an example of individual who came from Jackson Memorial Hospital, who had a habit and who held a .44 Magnum to a doctor's head and said "treat me." At our center we primarily see the street indigent individual who has flunked out of many other programs and is looking for some place to relate. And you cannot relate to a vaguely structured organization, and we have tried to provide them with a new approach, a different approach, a different type of modality.

It is just as important that all of the modalities, and our program is extremely experimental, because we are working on heroin addicts in different areas of treating a person, where we take reentry immediately.

At our treatment facility we take people on a 3-week, 4-week, 3- or 4-month crisis situation where we bring in the individual that has an ongoing addiction of $150 a day, a large habit, and start them through the methadone detoxification, bringing them to a level where they can function in society and we immediately try to get them a job, try to get them back in society with supportive therapy.

So, we are trying all modalities. Like now in Miami there is a five-man team that is studying the feasibility of opening a heroin clinic within Dade County, and this is another need of modality. We are not sure yet, but these are some of the experiments going on in the Dade County situation.

Chairman **Pepper**. Mr. Kassewitz, what did you say was the name?

Mr. **Kassewitz**. Community Crisis Center.

Chairman **Pepper**. How are you financed?

Mr. **Kassewitz**. By private donations. We have no Federal grants at all. We have been open 8 months. I have upward of 2,000 people, about 5,000 crises calls, and we work on $5,000. We have a staff of 12.

Chairman **Pepper**. Do you get any money from the United States?

Mr. **Kassewitz**. No, sir; we do not.

Chairman **Pepper**. All you have are contributions?

Mr. **Kassewitz**. Our specific organization will probably have a much higher failure rate than most organizations because of the individuals we are involved with, which are the failures of most of the other programs.

Chairman **Pepper**. A lot of your people have hard-core addicts?

Mr. **Kassewitz**. I would say yes, they are all. They are hard-core addicts, and they have them also at Concept House, but I think the ones we are seeing are the ones that get kicked out of Spectrum or Concept, and they need a place to try again. Many of them come to us just to avoid jail, or many of them come to us just to reduce their habit.

Chairman **Pepper**. Does the court send you any?

Mr. **Kassewitz**. Yes, sir; some do.

Chairman **Pepper**. Have you applied for any Federal grants?

Mr. **Kassewitz**. We have. I called, interestingly, OEO, and they told me no funds were available. We are still working on that grant, and we are also working in the community to raise funds. It is a very difficult thing because I think all programs can say that we are doing the job, and the Concept House will tell you they are doing the job, and for the school system, we are going in the school system working with the individuals, and there is no money. I mean, noththing is coming to us when they only have $150,000 for their problem. But, every program in Miami is working within the schools and there is—OEO has not helped us out in any way.

Mr. **Marder**. That is really ironic, to interrupt my colleague, because I was going to the schools 5 days a week from 9:30 to 3, working in a director capacity at Operation Reentry, and we had seven staff with 75 residents in two facilities, and we did not receive any funding at all in the way of working in the schools, but yet the principals would be the first ones to say in the three schools that I have mentioned earlier, that you could take education and throw it out the window once the youngster becomes totally drug involved. Yet, there was no funding in the way of having people there with enough, let us say, ability, or stability, or charisma, to unlock some of the minds of the young people.

You see, I think one of the most important things here, and believe me it is not because I am an ex-addict, because I do not even relate to the fact that I used drugs as a point of identification. I have been clean for many, many years, but it is that when you talk to a youngster, there is an immediate identification. You were there, and it is as simple as that. You were there, and he is more and more receptive to you.

And when he plays the game of manipulating, conning, pitting the parents against parents, friends against friends, staff against staff, we see through it very easily, you see, and it is quite clear, just like, you know, drinking a cup of coffee in the morning before you go to work.

And I think that we need people of my status involved in this epidemic that we have, and I think we also have a tremendous need for professionals, because I have seen over the years that there are many people in a professional capacity that can attain the intuitiveness to deal with what I call as characterized as constantly acting out their feelings in using games or some other way.

I think orientation should probably be one of our major priorities, I mean orientation from the highest career right down to the 12, 11-year-old kids, and particular parents and PTA's.

Chairman PEPPER. It is very obvious to me, and I cannot speak for my colleagues, as to what we will decide when we deliberate upon what we have heard, but there has got to be a Federal, State, and local fund provided.

Mr. MARDER. Most certainly.

Chairman PEPPER. For the programs that are available, that you have here in Dade County. And I was telling my colleagues that our school funds are raised about 50 percent, I think, on ad valorem taxes on property, and they have already reached their limit under the law. And the schools have had to cut back here lately.

Mr. MARDER. That is very true, and also to give you another reality—I do not want to get into stories on drug addiction, and there are many, many stories in terms of life and death, and what parents go through, which is another thing I agree with.

And I know very, very definitely in the methadone area we cannot get them to get off the money. In New York City, until the threat of Federal suit, threatened suit against them, since they have gotten minor reconciliation but not enough. I know Dr. Sheppard's clinic has 100 individuals who would fall under the welfare guidelines, but they will not give it to them because they are on methadone, and it is a prescribed drug now.

And also, the individual, after having been detoxed could go to a residential community such as Concept and the $7.72 is still available to support that community, but they do not seem to want to.

Chairman PEPPER. Just one more question: We have been told we have 241,000 students in the Dade County public schools. Now, how many people can all of the programs together that we have in Dade County, accommodate in respect to treatment for drug abuse?

Mr. MARDER. Well, I see in the way of accommodating once again that you have—I think we could accommodate them all, but then we get to funding, staffing.

Chairman PEPPER. No, I mean how many do we have facilities for?

Mr. MARDER. Right now we have facilities, off the top, maybe 12, 15 facilities, and I am including Spectrum, and that is in Broward, but just in Dade County alone you have only two Concept facilities, two Operation Reentry, one Here's Help, one Self-Help facility, and they can accommodate no more than 75 or 80 people.

Chairman PEPPER. So, would you say something like 500 would be the maximum that we could accommodate?

Mr. PHILLIPS. I think the report we received was 2,000 people are in one type of program or another in Dade County.

Chairman PEPPER. Out of 241,000.

Mr. MARDER. Whether they are drug abusers or hardcore addicts, and we are not doing very much, and that picture is obvious.

Mr. KASSEWITZ. I think the fact that across the country right now we are only dealing with treatment, and we are doing very little prevention, if any at all, and I question if we are doing any at all.

Mr. MARDER. If I can stretch, you know, in my height as far as that point, I would like to address as an individual basically that we are concerned, as far as the drugs involved, with prevention, and you must have prevention, and you must have a check and a balance, because the influx of drugs are not going to stop at this particular year.

So, if we are going to make any kind of a crash program with the powers to date, it should be in the way of prevention, because I have witnessed myself, personally where I worked once again for the city of Miami Beach in the Operation Reentry for a year, I have drug abusers and those never drug involved who get along harmoniously in a therapeutic setting.

I do not think we should, you know, continue exploiting our young people who are involved in programs. Even having them come to sessions like this, I do not really truly think that was the purpose. If it was the purpose, I would have brought 75 kids, and we could have had a thousand kids. I think it should come in a clinical way for evaluation and resolution instead of bringing kids down, and bringing them in here.

And I guess I also appear apathetic because—well, I am not at all. In fact, my heart goes out to any kid who can go in a program.

And, there are many judges, like Judge Goodman, who is on the board of directors at Concept House, and he refers many people drug involved who come before him, and so does Judge Sepe and other judges in the area, but now somebody heavily drug involved, he sends him to Jackson Memorial Hospital to detoxify and a lot of programs, as they stand now, they cannot even take that kid in if they are private-funded programs, or if they do not receive enough funding. All of the programs now have a waiting list, and that is why funding is so important and imperative, because there are a lot of people on the streets, without going into dramatizing it, and they commit crimes, and do various things to support their habits.

But, they cannot even get into the facilities.

Chairman PEPPER. Excuse me just a minute.

We had thought that Dr. Chambers and Dr. Carroll from the Jackson Memorial Hospital were going to be here, but they have submitted a statement, since we were running behind in our hearings.

Now, what do they do at Jackson Memorial's facilities? What do they do in respect to drug addiction?

Mr. MARDER. As far as I know, and I could be corrected, I have spoken with staff that worked there, and in terms of those with drug problems, they have a 3- or 4-week period to detox them from the drugs, and they put them on methadone essentially to decrease it, and they also have a form of group therapy.

Chairman PEPPER. They supply methadone?

Mr. MARDER. Right.

Now, what we are trying to work out, and we have done it with a couple of hard-core addicts, 24 or 25 years of age, where through proper funding they pay $7 a day for these people to go into Jackson Memorial to detox, and they pay $7 a day to the program for giving them treatment, which is something that should also, you know, be looked into.

Mr. Kassewitz. That has affected the entire medicaid business, and in the State of Florida they have not gone really along with the Federal guidelines which say the residential community under supportive services should get that $7.72, and in New York City alone 3,000 addicts who are in methadone programs daily get $7.72, and in Miami I know that Dr. Sheppard's clinic, they charge there, I believe, $2.25 a day, and he is averaging an intake of 55 cents, so I think under the medicaid program the Federal guidelines should provide some money.

And if there is anything the nonaddict learns, it is not to become involved with drugs because here is his peer who was drug involved right there. And we need parent orientation, and ancillary programs, and things like this, and I think this is a very good and logical point.

Chairman Pepper. Thank you.

Mr. Mann, any questions?

Mr. Mann. No questions.

Chairman Pepper. Mr. Murphy?

Mr. Murphy. No.

Chairman Pepper. Mr. Rangel.

Mr. Rangel. No, thank you, Mr. Chairman. We are so late, and we thank you for waiting so long to give us your valuable testimony.

Chairman Pepper. The committee now will recess until tomorrow morning at 10 o'clock when we resume our hearings for the last day in Dade County, at South Miami Senior High. We hope all of you can go.

(Thereupon, at 7:05 p.m. the hearing was adjourned to reconvene on Friday, July 7, 1972, at 10 a.m.)

(The following material was received for the record:)

STATEMENT PRESENTED BY CARL D. CHAMBERS, PH. D., CO-DIRECTOR, DIVISION OF ADDICTION SCIENCES, UNIVERSITY OF MIAMI SCHOOL OF MEDICINE, MIAMI, FLA.

I want to thank the Committee for the opportunity of being here today and having the opportunity of sharing some of my thoughts and feelings about the use and abuse of drugs by school children. As some of the Committee know, I have been researching within the drug abuse field for a number of years and share your concerns for our young people.

Let me begin by providing you with some of the conclusions that I or other behavioral scientists working with me have established.

1. I believe that drug use among adolescents is increasing but that the abuse of drugs is decreasing.

Our data indicate a higher proportion of adolescents are experimenting with drugs and are beginning to use them in social-recreational settings. At the time of graduation from high school, we believe some 80% of the students of both sexes will have had some drug experience. Fortunately, most use remains infrequent and characterized by social chance. The overwhelming majority of these experimenters and social-recreational users will use drugs if they are available and the social situation is conducive to the use. Most will not seek drugs and would not know how to buy illicit drugs if they chose to do so.

Of all those who use drugs, about 10% can be expected to become so involved with drugs that they experience some personal or social dysfunctioning and about a third of these will become totally dysfunctional. Stated somewhat differently, of 100 adolescents in our high schools, 80 can be expected to use drugs, 8 of them will become dysfunctionally involved with the drugs and 2 or 3 of these will become full blown casualties.

Who will be the users? I wish our response could be definitive. It is not. Some indices do exist:

a. Students whose parents use drugs, i.e., sleeping pills, tranquilizers, diet pills, etc., are more likely to become drug experimenters.

b. Students who believe themselves to be well informed about drugs are more likely to become drug experimenters.

c. Students who have not formulated realistic life style plans are more likely to become drug experimenters.

d. Students who "need" excessive amounts of external (social) stimuli, or who "need" to engage in excessive amounts of risk-taking in order to be "a part of the scene" or to "prove oneself" are more likely to become drug experimenters.

e. Male students more frequently experiment with drugs than do the females.

I think we can all agree that this is precious little to know about something which involves some 80% of our young people.

Who will become the dysfunctional abusers from among these experimenters? Again, I wish our response could be more definitive. We do know the following:

a. The more psychologically depressed the student experimenter, the more likely he will become so involved with the drugs that he will become dysfunctional

b. The more psychologically anxious the student experimenter, the more likely he is to become involved and dysfunctional.

c. The more alienated the student experimenter, the more likely he is to become involved and dysfunctional.

It is quite obvious from the above that drug use beyond naive experimentation or social-recreational lubrication does something for the person not to him. If we have learned anything, it must be this last point. Drugs do something for you!

1. I believe drug education programs have failed and will undoubtedly continue to fail because they are poorly designed, poorly focused and probably irrelevant.

Our experiences have been that educational programs which are drug centered, which focus upon increasing one's knowledge about drugs and their effects, or which depend upon attitudinal shifts, have little or no enduring impact. Unfortunately, programs continue to perpetuate themselves within these very limited perspectives. At best, the students are amused by these programs and all too often the students simply ignore them.

It never ceases to amaze me that we do not inculcate what we already know into our ongoing and new programs:

a. Drug educations will not prevent drug experimentation, will probably not prevent the social-recreational use of drugs, but can prevent persons from becoming so involved as to become dysfunctional.

b. Drugs alter situations and education should be focused upon this process rather than upon alternations in body chemistry.

c. Drug education is probably relevant only so much as it addresses behaviors and experiences for dealing with the everyday problems of interpersonal and intrapersonal relations.

In short, persons who understand themselves and others, who can relate to themselves and others, who can place and direct their lives, etc., will not use drugs. Drugs won't do anything for them. They'll only get in the way. Unfortunately almost all drug education programs neglect to consider these most critical issues.

In conclusion, let me assert a final bias. I believe drug education is a must and that it should occupy one of our highest priorities. However, unless we are willing to make the programs relevant to contemporary life, unless we are willing to address the issue of rational drug use and unless we are willing to present meaningful alternatives to drug abuse, any attempt at intervention through education will fail as badly as our current efforts.

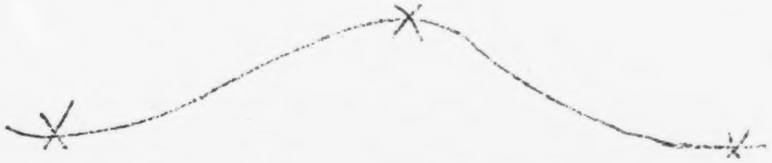
STATEMENT BY LEON BRILL, DIRECTOR, O.E. REGIONAL TRAINING CENTER; AND BY STEVE GLENN, ASSOCIATE DIRECTOR

According to our best estimates today, some 1–2% of the population are caught up in more serious, dysfunctional use. 20–25% in social-recreational use, with the largest number of 75% falling in the center. The last group constitute our primary goal for prevention. The aim is to prevent experiments and social-recreational users from evolving into more serious use.

A few years ago, the USOE attempted to evaluate efforts, both in prevention and treatment, though mostly prevention. In a follow-up conference last year, it was concluded that no program existed anywhere in the U.S. which could be recommended as a model. All had missed the boat in even defining the essential elements of the problem of drug abuse. When the NIMH was called in, they too admitted to similar findings. It seems we have all been asking the wrong questions and looking at the wrong dimensions-largely pharmacology, drugs and drug effects, not the behavioral and situational aspects of drug use.

Furthermore, conducting a survey is not enough to explain these aspects, or to permit effective intervention in the drift to drug use.

The question which remains is: What are the real issues to be addressed in relation to drug abuse? What do we need to know to intervene effectively? Our primary focus until very recently, was also almost entirely on the extreme, "terminal" cases, namely heroin street junkies, and on pathology. In fact, however, we find a normal population curve as follows in drug use:

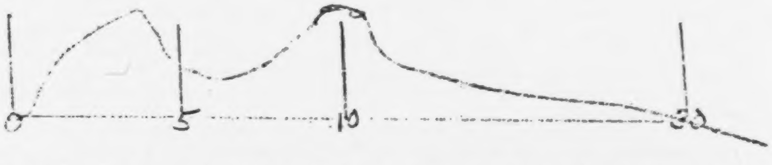


There are the extremes at either end, with the predominant average in the center. In a normal population, we find many reasons why youngsters are using. There has been a polydrug culture emerging in recent years which differs from the former narcotics subculture, in which H was the drug of choice approximately 91% of the time. The narcotics, barbiturates, heavy alcoholic users abused drugs for pain-killing. "escapist" reasons, whereas the newer groups have been more interested in drugs as an expanding experience. It is increasingly understood that we need to understand the *role* drugs are playing in the life of the user, and in his day-to-day behavior. It doesn't help to take the agent away if it is filling an important need or playing a vital role unless we can find a viable alternative.

Until today, most of our drug abuse information has been derived primarily from 2 sources: (1) A check with police on those arrested; and (2) A check with clinics and hospitals.

The problem here is that these represent a selected sample who reached the stage of dysfunctional use. The bulk of available studies has been of such extreme cases of intensely—or acutely-involved youngsters. What we have, in our diagram is a consensus on the left—that drugs are terrible; and very little of the right extreme, i.e. Leary and others offer some evidence of positive agents which remain largely ignored.

We need to learn what the typical experience of drug use is; not the extreme. If we draw a graph, we find the following:



As we see, the first peaking indicates a number are using drugs several times a day and are heavily involved. This use could be every 24 hours or every couple of days, and represents a very heavy involvement with drugs. The graph tails off at 4 days, but peaks again at 6–7 days. About 23% fall into the 1–5 day group who are using drugs heavily for problem-solving purposes. The second peak signifies a new pattern—the weekend user pattern. This tapers off to 2 times a month and to several times a year. In the last category, may be found seasoned LSD users who wish to have this experience no more than 2–3 times annually.

One more dimension needs to be considered here; i.e. that 80% of those preferring barbiturates and narcotics, as well as alcohol as a drug of choice fall into the intense problem-solving area. They use these drugs to avoid any experience of pain or stress. The other category of drugs is for intensification of perception or experiencing.

Weekenders: hallucinogenics, marijuana, uppers,[1] and alcohol.

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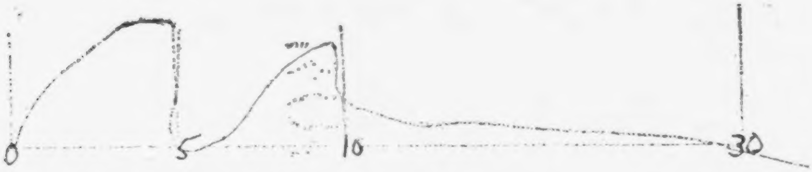
[1] The exception to the uppers, may be the "needle freak" meth users who form a cultogenic group, as in the Haight-Asbury area, are intensely involved and find it easy to make the transition to shooting H as well.

Intense: narcotics, barbiturates, and alcohol.

In the weekenders, however, the uppers are relatively controlled and used for weekend or social-recreational purposes.



A Harvard study assessing the impact of drugs on performance found only one drug reduced the efficiency of performance—alcohol. If we compare this other drug, alcohol, which is legal, with heroin, we find the patterns and dimensions most similar: (1) 9 million need it daily, the acute problem drinkers. There is intense use which interferes with their life activities; (2) 14 million are acutely out of control; (3) 81 million drink socially; (4) 10% of adults don't drink at all.

Thus, 23M of 81M adults fall into the category of intensive or solution-seeking drinkers, the larger majority social-recreational users. We find no distinction in the drug-using patterns as between H and alcohol—or even other drugs. Heroin and alcohol appear identical—both are depressants, anesthetics, highly addicting, come from plants. We still don't know how to educate for alcoholism, our No. 1 drug problem.

II. PREVENTION AND EDUCATION

Our customary way of looking at drugs has been at times as the problem, at others as a symptom; with the treatment prescribed depending on the diagnosis. More emphasis needs to be placed on the behavioral and situational aspects of a person's use.

There are 3 elements in effective training: (1) Developing skills in intrapersonal communication: (2) Developing interpersonal communication skills; and (3) Helping the individual assume responsibility for himself.

The question is: how do we help develop such skills and capacities? These skills and capabilities can be developed not by information-giving or reading, but primarily by interacting with others as in the development of faith or trust. The primary emphasis has hitherto been on information and techniques to put this information across. What we need least today is more information of this kind. We have also had the wrong kinds of information conveyed: TV messages indicate we have drugs for all occasions. There have been further double messages from the mass communication media. TV says, for example, treat yourself: take Anacin or Compoz. Yet the school then says only a Doctor can treat. Emphasis in drug education has been on such things as teaching the street argot of junkies, or the effects of different drugs or how to use drugs. Kids are curious and a double message is conveyed which often leads to experimentation rather than discouraging it.

The primary constituents for learning could be described as follows:

I—Involvement; O—Organization; and I—Information.

Affective teaching entails teaching with some impact on attitudes and behavior. The point to be stressed is that involvement must take place before information can be absorbed and retained. The individual must be able to identify with it and organize it. All previous programs stressed the cognitive and informational aspects, which created a block in regard to involvement and actually prevented learning.

The model for education used in schools has also been most inappropriate as Helen Nowles, Direcor of the USOE, has indicated. The model couldn't, in fact, be more at variance with what is actually required. The influence of the school is at its largest in the adolescent years, as the following diagram indicates;

Influence of parents and teachers on child's behavior	30
Peer-group influence	30

A more realistic model for education would be:

6 to 9 years:

Skills and capacities	Info.
Life and learning	Info.

The child is more open to information from 6–9 years. He needs information to help him get involved. We need to have him develop responsibility in relation to all drugs and discriminate therapeutic uses from "drug abuse." In our education, we need to stress the problems of living and develop areas for coping and dealing with them, develop skills, attitudes and values. This could be termed a "dependency-reduction model."

Most of the prevention efforts are aimed at those under 21 and the responsibility falls to a large extent on the teachers. We need to understand more about adolescence as an emotionally-charged period and a time when the influence of teachers and parents may be at their lowest.

Prevention clearly needs to take place earlier—in the elementary school and up to the 7th grade—when the influence of parents and teachers is greatest. The child must interact with the parents and teachers, and his skills and capacities developed in the early years through such interactions as well as interactions with peers. The family must spend more time together, communicate, build the independence of the child, offer him more avenues for satisfaction and self-fulfillment. The open classroom has been an important development of the last few years, and is geared to help youngsters develop these skills for living and the ability to relate to, and communicate, with others.

THE CHILDREN'S MEDICAL GROUP,
Miami Beach, Fla., July 8, 1972.

Hon. CLAUDE PEPPER,
Chairman, House Selective Committee on Crime, U.S. House of Representatives, Washington, D.C.

DEAR MR. PEPPER: The drug crisis in the Dade County School System has been my concern for many years, and I have worked closely with the Dade County School Board to uncover the tremendous availability of all forms of drugs on school grounds. In the process of daily practice of medicine, I can assure you of the high incidence of drug abuse among our school children.

I have presented testimony before the School Board which, I am sure, has been made available to your Committee and I was also interviewed by a representative of your Committee on Crime in my office just two weeks ago. I informed him of facts available and volunteered to appear before your Committee but was not called. However, I did attend the hearings and spoke with Mr. Chris Nolde, Associate Counsel, who advised me to place my thoughts in writing to you.

Therefore, I submit the following statements.

1. There is a significant drug problem in all our junior and senior high schools and rapidly approaching a critical problem even in elementary schools.
2. Drugs are readily available on almost any school grounds for children and adults as well.
3. It is apparent that the crime and punishment technique of drug possession being a felony has not been a deterrent to drug usage.
4. The fear among users and pushers of an apparent higher-up level that is apparently even capable of murder, as evidenced by the death of the son of Shirley Fletcher, is easily discernible.
5. Since a large percentage of school children obtain their first sample of drugs on the school grounds, I feel it is imperative that the school system be given assistance in evolving a unified total community program combined with all available community assets to combat this phenomenon.
6. As the duly appointed representative of the Miami Pediatric Society, I would like to recommend a non-punitive approach to the management of drug users such as the students, but a far more reaching investigation of the pushers and suppliers and the most punitive measures possible for those higher echelons contributing to this problem.
7. It seems within reason that either the Federal or State government should be involved in funding and perhaps establishing an overall drug program for the total county in which the schools are intimately involved. Drug abuse could possibly be considered an epidemic disease which could conceivable require non-punitive segregation of drug users in special schools for treatment but without loss of educational opportunity, or punishment of expulsion from the school system, or commitment to police or judicial custodial facilities.

I am sorry I was not called to testify to present the above but it is quite apparent to the Miami Pediatric Society, representing all children in Dade County, that immediate, aggressive, direct action by Federal, State and local authorities is indicated. The various splinter groups must be coordinated and organized, appropriate decisions must be reached by all concerned, and then those decisions must be forcefully carried out.

Respectfully submitted,

HOWARD A. ENGLE, M.D.,
School Liaison Appointee,
Miami Pediatric Society.

STATEMENT BY WILLIAM C. MARTIN, CORAL GABLES, FLA.

Mr. Chairman, Members of the Committee: First, I would like to thank you for the opportunity of saying a few words here today. Congressman Pepper and I have shared a common concern for the youth of Dade County for many, many years. This concern led us to become founders of the Big Brother movement here. This is an organization that helps boys in families without a man in the house. We try to get these youngsters off on the right foot in life.

As an individual who has worked with youth for many years, it is particularly distressing to me to see what is happening in our schools today.

Most of the suggestions that you have received during your hearings here have dealt with the drug user or addict. I would like to suggest—if I may— that you give equal consideration to the youngster who may not have tried marijuana, LSD or hard drugs yet. This youngster, who is confronted almost daily with attempts by schoolmates and others to lure him into using drugs, deserves to be protected from those who would have him follow into them never-never land of drugs.

In Dade County, state probation officers get 600 new cases a month. Of this number, one-third involve drug-related offenses. Practically every drug offender arrested in the commission of a crime is being placed on probation. It is getting so bad that non-addicts are claiming they are addicts so that they will be placed on probation. Meanwhile, these addicts are going right back into the schools and the streets to try to push drugs to help support their habits. Or they are turning to burglary and robbery to find the money necessary to buy their drugs.

I would like to take this opportunity to urge that the federal government establish a program that will take these drug users and addicts out of the mainstream of American life until they have undergone the therapy necessary to return them to roles as useful citizens.

It is my understanding that legislation is now before the Congress that would re-establish the old Civilian Conservation Corps with authority to utilize 200,000 drug addicts in work on public projects while they are undergoing this therapy. This bill deserves your careful consideration.

In addition, establishment of a program to remove drug users and drug addicts from our schools until they are on the road to recovery is as essential to the preservation of our youth as the many programs proposed to treat these addicts. To this end, I urge consideration of a pilot program by the Department of Health, Education and Welfare establishing schools where school-age drug users may be assigned so that they may be segregated from our law-abiding youth. This would also enable special rehabilitative measures to be taken at the school attended by drug users.

We feel sorry for the youngster who has found that his experimentation with drugs has led to addiction. But we must not permit that youngster to spread this plague to other youngsters.

DRUGS IN OUR SCHOOLS

FRIDAY, JULY 7, 1972

House of Representatives,
Select Committee on Crime,
Miami, Fla.

The committee met, pursuant to notice, at 10:20 a.m., in the auditorium, South Miami Senior High School, Miami, Fla., Hon. Claude Pepper (chairman) presiding.

Present: Representatives Pepper, Mann, Murphy, Rangel, and Keating.

Also present: Joseph A. Phillips, chief counsel; Michael W. Blommer, associate chief counsel; Chris Nolde, associate counsel; Jack Blumenfeld, special counsel, Miami hearings; and Leroy Bedell, hearings officer.

Chairman Pepper. This is the third day of hearings the House Select Committee on Crime has been holding in Dade County on the problem of drugs in the schools. Our committee, set up in 1969, primarily to study the destruction of crime, found in the early stages of our inquiries very direct relationship between drugs and crime. About 50 percent of the crime in the country which is violent, or violent terror, was committed by people under 24 years of age, and it is estimated by the most knowledgeable people in our country that about 50 percent of our crime is related to the use of drugs.

In our last inquiry we were concerned about the growing population of drug addicts. It is estimated that we have now probably 500,000 drug addicts in the United States, and by that I mean people who are addicted to the use of heroin.

If we allow the upcoming generation, the young people who are today in the schools of the country, to add to that population, you can see how much more serious that already menacing problem becomes.

We started this series of hearings in New York week before last when we held 2 days of hearings, and we found there, as we have found here already, and as I am sure we will find in different parts of the country as we extend our inquiry, that this matter of drug use and abuse has already become of epidemic proportion in the schools of this country; those who are below what we call the 12th grade in the educational hierarchy.

We are very concerned about that problem, and we have heard very knowledgeable witnesses, first at the Drew School in the black area of our community, and then yesterday in North Miami Beach Senior High School, and today we wanted to come into this very fine part of our area to hear what knowledgeable people will tell us about this very critical trouble.

Here on my right I have the Honorable James Mann, a member of our committee from South Carolina.

On his right is the Honorable Charles Rangel of New York, a distinguished member of the committee, also.

On his right is another distinguished member of the committee, the Honorable Morgan Murphy of Chicago, and we have another member, who temporarily is out of the room, and I will introduce him when he comes in, the Honorable William Keating of Ohio.

I am particularly pleased, and so are my colleagues today, that we have with us our distinguished colleague in the Congress, my longtime friend, and your very able and eminent Representative in this part of Dade County, the Honorable Dante Fascell, and we welcome you here, Dante, today, and we are pleased to have you with us.

On the other end is Chris Nolde, associate counsel of the committee, and on the left, Mr. Blumenfeld, who has been a very valuable aide to the committee in setting up these hearings, and he is also a member of the staff of our State's attorney, the Honorable Richard Gernstein.

We are waiting for some other people to come in, and I will begin and would like to invite our colleague, Mr. Fascell, if he would like, to make any statement at the beginning of this hearing.

STATEMENT OF HON. DANTE B. FASCELL, A U.S. REPRESENTATIVE FROM THE STATE OF FLORIDA

Mr. FASCELL. Mr. Chairman, members of the Select Committee on Crime, thank you for this opportunity.

I commend you, Mr. Chairman and the Select Committee for the tremendous effort made by the committee on the whole range of crime, drug abuse, and other related matters.

I agree with you, Mr. Chairman, that the drug health problem is a national epidemic. We would like to think that it does not or has not affected us here in this very lovely and beautiful area of Miami. The truth of the matter is it has touched just as many families here in the suburbs as it has in the ghetto.

I am not sure just where the burden falls with respect to the school system. I am not ready to lump the entire school system into the "bad" category about this. But, the truth of the matter is that school is where the kids are, and that is where the problem is.

There ought to be responsibility in the home, too, and it obviously is there.

I do not think we can transfer totally the responsibility for dealing with the drug problem from the home to the school. But, hard drug trafficking in the school demands the strongest possible law enforcement. Education about drugs ought to be based on fact not simply fear and speculation.

I think therefore these hearings are very important to delineate the parameters of the responsibility of the school system, the administration, the supervisors, the teachers, and the students, themselves. And, of course, the parents' ultimate responsibility or primary responsibility.

The chairman has interested himself in the question, as has this committee, on the regulation of production and distribution of drugs. I think that is a very important area that we are going to have to bear down on harder. It seems that regulation of production and sales must be more stringent.

Let me just close these brief comments by saying it is obvious that we have a national problem. Therefore, it seems to me that also equally true, we must have a national commitment for the solution to the problem.

Mr. Chairman, thank you very much for giving me this opportunity to commend you and this committee; and to join in your work.

Chairman **Pepper**. Thank you very much, Mr. Fascell.

I notice we have some of our very distinguished citizens of our community in the hearing room this morning, and we are very pleased to have them here.

I would like to give them an opportunity, if they care to, to make any statement on this matter, and to come up and make a statement. I will call their names and introduce them in a moment.

It is obvious that if we are going to do anything effective about a problem so menacing as this drug problem is, that we are going to have to have the closest cooperation in funding and in the establishment of guidelines, and in carrying on the operation among the Federal, State and local government.

I am very much pleased to see here today, representing the distinguished representatives of the legislature, our distinguished mayor, a member of the Governor's Advisory Committee on Education.

I think I would like to call and recognize the very Honorable Steve Clark, the mayor of Dade County. Mayor Clark, would you like to come up and say anything to the committee?

STATEMENT OF HON. STEVEN CLARK, MAYOR, DADE COUNTY, FLA.

Mr. **Clark**. Thank you very much, Mr. Chairman, and distinguished members of this panel. And as you know quite well, we are very proud here in Dade County that you brought this fine group of individuals to come down and tell us what exactly we can do to also help you in your problems.

As of yesterday, too, to at least tell the people of Dade County what we are trying to do with your group, there is a new organization called DALE and the drug abuse, law enforcement agencies throughout the United States that are combining in an effort, in other words, we have Internal Revenue agents, we have customs inspectors, and we also have postal inspectors, along with men that are dealing in the narcotics field trying to help this situation, trying to at least prove to the people in Dade County that Dade County, itself, is interested in trying to achieve the same goals that you are trying to achieve. I know that Congressman Fascell and myself, and you, personally, have taken this task right to the people in telling them that we are trying to do our best.

It is an insurmountable problem. We know that. But we think through the cooperative efforts of all of the people of Dade County, especially the police department, and the cities of Miami, South Miami, Coral Gables, and even Broward County are joining in this effort. This new program under Mr. Ambrose I believe, now has been separated from the Bureau of Narcotics in a special area, and we think through this combination of forces though the country, through cities, we might be able to lick this problem. We pray we can, and we appreciate you being down here and giving us your expertise.

Thank you, sir.

Chairman **Pepper**. I will say to my distinguished colleagues here that we have what we call a metropolitan form of government for the county of Dade, and the Honorable Mayor Clark is the mayor of Dade County. We are very happy to have you, and we know you will continue to do a fine job.

Mr. **Clark**. Thank you, sir.

Chairman **Pepper**. We are also very pleased this morning to have two distinguished members of the Florida Legislature from Dade County. I recognize first the Honorable Ralph Poston, able State senator and chairman of the Transportation Committee of the Florida State Senate, and one of our leading legislators.

Senator Poston, we will welcome any statement you care to make. We appreciate the concern of the legislative delegation represented by you and one of your colleagues here today.

STATEMENT OF HON. RALPH POSTON, STATE SENATOR, STATE OF FLORIDA

Mr. **Poston**. Mr. Chairman, members of the committee, I feel it an honor to be here. I wish we could be here talking about a more pleasant subject.

I realize and recognize that Florida must play a very important role in trying to stop the drug traffic that is affecting the entire United States. We realize we are a gateway to Latin America, and to Europe, and we like that role, but we like to have a filter put on it as far as Florida is concerned, so that the drugs that would come into the United States could be stopped here rather than be passed on throughout the entire country.

Now, I know of no more dastardly act than that of a pusher influencing the life of a child, contrary to the wishes of the parents and society in general, and that is through the influence of drugs, or dope that is being introduced into their lives. We have seen so many of these children after they have been under the influence kick the habit through the work and efforts of Dr. Ben Sheppard and others in our community, and the new organizations that are springing up because it is of major concern.

And we want to help you in whatever way possible to help resolve the problem. We are vitally interested, Mr. Chairman, in the efforts of your committee. We would like to be privileged to your findings, and we want to cooperate with you on a State level to help you in solving the Nation's problems.

Thank you.

Chairman **Pepper**. Well, thank you very much, Senator Poston, I will give you a copy of our findings because we think it is going to be necessary to have a concerted Federal, State, and local program if we are going to do anything about it.

We appreciate your being here.

Mr. **Poston**. Thank you.

Chairman **Pepper**. Now, we have another distinguished member of the legislature, a member of the house of representatives from Dade County, the Honorable Jeff D. Gautier. Mr. Gautier, we would be glad to have you come up. I would say by way of introduction that Mr.

Gautier in the next session of the house of representatives is scheduled to be the chairman of the criminal justice committee, a very important committee, a relative committee to the subject of this hearing, and to the work of this committee.

Mr. Gautier, we are glad to have you make any statement you would like to.

STATEMENT OF HON. JEFF D. GAUTIER, MEMBER, STATE HOUSE OF REPRESENTATIVES, STATE OF FLORIDA

Mr. GAUTIER. It is a pleasure to be here and I appreciate your kind invitation to be to permit me to speak. I will be very brief.

During the past session of the legislature, last year, I was the vice chairman of the criminal justice committee, and chairman of a subcommittee on criminal code revision, and specifically we attempted to zero in on the effect of drugs as far as affecting the citizens at large.

Our committee is working more in the school area, which I think is an excellent project.

The testimony which we received last year in Fort Lauderdale indicated that the loss of the citizens of the State of Florida through heroin addiction alone, the loss in dollars, amounted to almost $1 billion per year, which is coincidentally approximately the same amount as the entire operating budget of the State of Florida for 1 year.

So, the problem we determined to be monumental. As a result, our committee endorsed a bill which I had filed, and passed our legislature, which calls for the involuntary commitment by virtue of a civil proceeding rather than a criminal proceeding of a heroin addict.

The addiction procedures had to be approved by a county judge, and there would have to be testimony taken. The person could have a jury trial if he so desired on the question of whether or not he was an addict.

And unfortunately, the only stumbling block was the lack of funds on the State level to fund institutions to place these heroin addicts. We felt that it was a help, at least, but the appropriations committee felt that the problem was of such a large magnitude that there just were not sufficient funds at the State level to fund it.

And we would like to ask you gentlemen if, perhaps, in some way the U.S. Congress, and the U.S. Government can see fit to provide Federal funds for the setting up of these institutions so we can have a place to put heroin addicts in the future.

Chairman PEPPER. Did your bill pass?

Mr. GAUTIER. No, sir. The bill finally ended up dying in the appropriations committee, I guess for the lack of funds.

Mr. MURPHY. Was there any opposition by legal groups to that bill of yours?

Mr. GAUTIER. Yes, sir. There was a representative of a civil liberties group who appeared.

Mr. MURPHY. The ACLU?

Mr. GAUTIER. Yes, sir. However, we patterned our bill, we took what we felt were the best portions of the New York law, and then portions of the California law, and then made up our own, using them.

Mr. MURPHY. How strong was the opposition, and which side did the newspapers and community take?

Mr. GAUTIER. The community endorsed the concept wholeheartedly, and the opposition was very slight. And finally, by the time we got through, we had provided enough safeguards in the bill to where a person could not be just involuntarily committed without all due process afforded him. And we felt that the bill accomplished the desired result and protected the rights of the individual by the time it eventually passed out of the criminal justice committee, and then, as you know, it has to go to the appropriations committee for funding before it could be brought to the floor of the house.

Chairman PEPPER. Mr. Gautier, we found in New York City, represented here by Charles Rangel today, they have such a law, and while it may not be used as extensively as it perhaps should be, I think we found it on the whole to be desirable.

But, in our hearings in New York, we found that it was very favorably regarded by the Bronx, Brooklyn, and the other public authorities who appeared before us.

Mr. MURPHY. I might say with relation to Congress, Mr. Chairman, that we had a similar provision in the Armed Services Act where we wanted to civilly commit known heroin addicts returning from the service into civilian life.

The sad commentary is that we have identified some 4,400 known heroin addicts, and have recommended them for further treatment and rehabilitation. Only 20 out of the 4,400 have taken advantage of this treatment. We tried to pass an involuntary commitment procedure to the Armed Services Act, but we were defeated in the Congress. The sad fact is that all of those heroin addicts are now living in small communities and cities, and we all know that every heroin addict will turn some five to 10 others on to support his habit, and yet we receive opposition from groups like the ACLU.

I know their motivation is sincere, but I do not think they realize just what is taking place, and what happens when a heroin addict gets out into a community. It is proven beyond any question that a heroin addict will turn anywhere from five to 10 people on to heroin habits, and it is frightening. I think the press and the public ought to make these groups, such as the ACLU, realize what their opposition is causing.

Mr. GAUTIER. Yes, sir. Well, I do believe that a bill can be devised, and we believe that our bill did, as I say, was patterned after the New York law, which was alluded to, and the California bill which can adequately protect the rights of the individual and still get the people away from society.

I heard testimony that in order to support a $50 per day habit the heroin addict had to either steal, or rob, et cetera, some $200 to $250 a day, and you multiply that by the number of known addicts and you get the $1 billion annual loss to the citizens of the State of Florida.

And we felt that, of course, the appropriation was apt to be a very large, substantial appropriation, to build the necessary facilities.

We also heard testimony that these people should not be confined with the known addicted robber, murderer, et cetera, but they should be confined in separate facilities for rehabilitation treatment; hence, the need for new institutions. We at one time attempted to use the tuberculosis center, as tuberculosis no longer causes the problems that it did previously. So we are trying every week, and we certainly could use some Federal assistance in the way of funds to help us in this area.

And Senator Poston asked, as I, too, would like to, for a copy sent to the criminal justice committee of your findings, recommendations, and testimony.

Chairman **Pepper**. We will assure you that we will provide you with such a copy. We are very much interested in your proposed legislation, but upon one condition, that I think we will all agree to; namely, that we have got something to provide that we can do for these people when they are incarcerated, and we do not want to just lock them up. We have got to set up programs, and plans, and facilities, and personnel, which will actually give those people help to escape their addiction and, of course, it is only going to be a project of such magnitude that it would have to be with the cooperation of the Federal, State, and local governments to do it.

You referred to the number of crimes that are committed by people who have to get the money to buy heroin. We have had estimates already brought out in this hearing that the amount of stolen property, property taken illegally by robbery or theft, in Dade County was $58 million a year, and that about half of that was attributable to heroin addicts.

We had witnesses yesterday, young people, a young man who is now 18 years of age, who told about numerous armed robberies that he committed; he and two of his associates with a .38 in their possession, robbing these various stores, and business enterprises in order to get money to buy heroin. He would go right in.

In one case he got $700 in one place, and what do you do with it, we asked him, and he said we went out and bought heroin, and that was the reason he was there.

Mr. **Gautier**. Thank you. It has been a pleasure to appear before you committee.

Chairman **Pepper**. Thank you.

Now, we have one other distinguished visitor here today, Mr. Sam Gillott, who is a member of the Governor's Advisory Committee on Education.

Stand up, Mr. Gillott. We are very pleased to have you here, and we are interested in what you are doing.

Since I have made the introductions another of our distinguished colleagues here, Mr. William Keating, of Ohio, has come to the podium.

On my left is the chief counsel of the committee, Joseph A. Phillips, and beyond Mr. Keating is associate chief counsel of the committee, Michael W. Blommer.

The first witnesses today are Dr. Ben Sheppard and Mr. Hy Rothstein.

Dr. Ben Sheppard is one who is certainly aware of the drug problem from every aspect. He holds both a medical degree and a law degree. He was previously a senior judge in Dade County's Juvenile and Domestic Relations Court. He is presently a member of the Dade County School Board. Specializing in drug abuse programs, Dr. Sheppard is director of St. Luke's Methadone Clinic; director of the Drug Education Center; associate director of the Catholic Service

Bureau and is in charge of Genesis House, a residential center for drug-addicted girls.

Those of us who are living in Dade County know that one of the ablest and most dedicated of our citizens and leaders and officeholders is Dr. Ben Sheppard. I am going to ask him just to give a little summary of the wealth of experience he has had in public service in our area. Tell us about the work that you have done and carried on in trying to help young people, and particularly in the drug area.

Dr. Sheppard, would you please give the committee, for the record and for the members of the committee who do not know you as I do, just what has been your experience that you have had in public service, the positions you have held.

STATEMENTS OF DR. BEN SHEPPARD, CONSULTANT, AND PHYLLIS MILLER, MEMBER, DADE COUNTY, FLA., BOARD OF PUBLIC INSTRUCTION; AND HY ROTHSTEIN, CONSULTANT, HEALTH AND PHYSICAL EDUCATION, DADE COUNTY PUBLIC SCHOOLS

Dr. SHEPPARD. I started in 1953. I was the acting coroner in the county jail. This is when I first came into contact with drug users.

In 1959 to 1967 I was the senior juvenile court judge in Dade County, and then I went out to Menninger to take some courses in adolescent psychiatry and came back, and, I am now the executive director of the Catholic Welfare Bureau, and a member of the school board, consultant, as it were, to the school board on drug problems, both public and parochial.

I am also director of the methadone clinic, associated with, supported by the Catholic Welfare, not by the Government.

Chairman PEPPER. And you are in your professional capacity a physician?

Dr. SHEPPARD. I am. As a sideline I am an M.D.

Chairman PEPPER. Very good. You are a public servant, and dedicated, and we will be glad to have you tell us about your own work, and make any comments that you would like to make that would be of help to this committee concerning the facts about drug problems in the schools, and generally what recommendations you have for dealing with the problem.

Dr. SHEPPARD. Well, I believe perhaps that the percentages you have been given as to schoolchildren involvement may be a little exaggerated. I believe that there are less than 75 or 85 percent of schoolchildren involved. I do believe we have a nucleus, if I can use the term, of "square" children on whom we can build for the future.

I have been working in the area of the drugs other than methadone for many years, and I opened the first methadone clinic south of Washington, D.C., and almost went to jail for it. But I survived.

The schools—I believe, the emphasis has been placed on the wrong people. We have dedicated teachers, underpaid, probably making as much as one-third, or as little as one-third of what a plumber can make, or an electrician can make, and I believe the members of the committee should understand how school boards work. It is a very separate, particular, archaic process. In other words, if I were to speak to Mr. Rothstein on my right here, I have to go through tiers, and if Mr. Rothstein wants to give me a report, he has to go through right field, his superior, shortstop, and the other superior superior, and the manager.

I am very thoroughly in favor of giving a strong authority to all administration all over. I think that the fault lies, if we must fault, within the schools who come in contact with the children, because this is where they go during the day, and they are exposed to the teachers, and if the teacher picks up or finds a case of somebody being, to use a term I dislike, "stoned," it is reported to the counselor, and the counselor reports it to the assistant vice principal, and the assistant vice principal reports it to the teacher, or the principal, and there it stops.

The interest of individual schools in drug problems is, I should say, the efficacy—efficacy of programs in schools is directly proportionate to the interest of the school principal. If the school principal is not interested then you are not going to have a good program in that school.

If the administrators are not interested, then you are not going to have good programs anywhere else. So, the line in the chain of command is as straight as it is in any army process, because there are such things as contracts and promotion. Our teachers are human. They would like to have raises in salary.

The school board time this past year, for example, was spent 90 percent on busing issues. We were driven crazy by the different decisions by the nine "holy men" in Washington. One day we thought we are all right, and the next day a different decision came down and we had to change our quotas and arrange, rearrange that segment, and the third day another decision came down from the high courts and we had to change our decisions again, so that the school board time was taken up, I would say, 75 percent with busing, insurance, change orders on construction, construction sites, and they left the drug situation, or the substance of this situation in my hands.

Now, I have found from long experience, first we started with a budget of $250,000 in the public schools, for instance, and then we came down to $150,000. Out of the $250,000 some was used for buying kits for educating the teachers in special subjects, special teachers who were interested in subjects.

Then we came down to $150,000. This year we have $127,000 for substance abuse and venereal disease. Of that $127,000, half of it must go for salaries.

The schools here have some highly trained consultants for each district. They have spent much time and money on training someone in each school who can call the consultant when a drug problem is involved. There is the fact that there is a family and are we going to replace the family, should we replace the family. Personally, I believe we have to, especially in a two-parent family, where both parents are working, I believe the school must step in.

I have long been an advocate of dormitory schools where the children on weekends, during the week can be guaranteed a place to sleep, at least one or two hot meals. I have long been an advocate of involuntary commitment. I have long been an advocate of peer group pressure programs, and these peer pressure programs are the only thing that works.

I have tried everything, through trial and error, and I have come down to peer pressure programs outside of the school's domain. Under guided hands where youngsters can work on youngsters, and I believe this is a must. I believe, some of you, I am sure you, remember back in 1951, 1952, our severe polio epidemics. When, as a physician I had charge of the polio cases, from the medical side, there was talk then, because it had assumed epidemic proportions, of closing schools, and we almost did.

I believe these drug problems are severe enough to consider something like that. I believe very strongly that from these groups which people establish that we can have people in the schools, young people, who can work with other young people in the schools.

And I know in the long run we are going to win this fight. But, I agree that this thing has reached epidemic proportions. Need I show you a woman, a mother from this area who brought down this box here.

She was cleaning out her daughter's room, and her daughter had gone to camp, and in it is mescaline and marihuana, and a long list of her customers. I am going to turn it over to Mr. Tyler. This is a junior high schooler, not high school.

Now, when I say change the school programs, I mean by that when we did our studies at the methadone clinic where we have processed hundreds of thousands of people, we did questionnaires on a 1-to-1 basis. I am very much against questionnaires where you throw papers at kids in classrooms and they check or minus. Silly. I feel a questionnaire must be on a 1-to-1 basis with an interviewer and a child at the same time to talk, and this is what we do.

Now, I have found two things that stood out in our modified Minnesota tests. Boredom, the kids are bored. They do not want to go to school, they are bored.

How are we going to change our curriculum? Certainly we must go—we will stay until after the third or fourth grade and then go to something similar to a college of fine arts where children can select courses and study—studies which they can pursue. Maybe we will get them interested in looking forward to going to school.

I think the thing people forget is the age we live in. This is a social revolution, this is a moral revolution, and educators, administrators must realize this and change; because if they do not change, then chaos will result.

Just now one of the young people in one of our groups said to me if you do not have a buyer, who will the pusher sell to, and that is a very important statement. If you do not have a buyer, who will the pusher sell to? He will not have anybody to sell to.

When I first opened my methadone clinic I started using the tablets, which I found to my dismay was the wrong thing to do because they were being diverted. As the methadone clinics are going now, with the use of the liquid, and the prohibition of the selling of methadone from anybody but a registered clinic, and a clinic should not be allowed to charge.

There are a few individuals, small in number, who are making hundreds of thousands of dollars, and there is a man in this community who had a roll of 400 patients, and you could not get by the cash register before you got your methadone. He was taking in $1,200 a day.

Now, multiply that by 365 and you will find how he bought a Cadillac El Dorado. He does not have to eat in the Royal Castle. He can eat any place. Fortunately he was stopped, and if you stop charging for the methadone, if the patients come in and are committed—this theory of you must give them to think they are paying for something, otherwise they will not appreciate it, is wrong. You stop charging them and they will not persist.

But, I repeat, my main thesis is that the schools, I do not believe, other than the teachers, are cognizant, or they do not want to see the extent of this problem. Too many reports reflect on the principal. If the principal wants to become a higher up in the bureaucratic hierarchy he has to have good reports. I am a firm believer that school board members should be rated, and if they are not good, get rid of them. I would not wait for years, and I think the same thing should apply to administrators of all types at all levels. We have got to teach our administrators that education nowadays is not the old-fashioned education. You cannot do it that way.

You have got to consider the child as a whole. The grading lick scales for delinquency were based on academic backgrounds. They do not apply to drugs because drugs, of course, have crossed all thresholds to the highest income family you can think of. You cannot have scales.

You can do this, though: I am a firm believer that a potential dropout can be picked up in the first 2 years of school, and I think there must be a reason. I believe that every school should have hospital beds to which this young child can be referred, whether they are dealing with the hyperkinetic, the hyperergic, the hard of hearing, dyslexia, you will find it, you will find it early, and weed them out because these are your potential dropouts, and any dropout is a potential drug user.

They tell me that in certain schools in this area the drug users sit on one side, and the other side has the squares. I do not go along, I do not like testimonial stuff like I have seen some 12-year-old who has been shooting heroin for 6 years. Now, this is crap, this is baloney. You do not go that way, you do not go that route.

I am conceited enough to think that I know more about heroin and methadone than anybody in the South, and you do not go that route, absolutely not.

And you must remember first that your teachers may be burdened with the curriculum and 40 students. Now, how can you teach 40 students? You cannot do it. Federal aid must come in for teachers' salaries so they can be happy in their jobs, because if they are not happy, or they had a fight with their husband—there is a judge downtown who has some rectal difficulties and he walks in white-faced, everybody wants to skip that day because they know this bothers his decisions, and this is true in all areas of life—because if something is bothering you, and you are worrying about payments, you cannot give your full and true attention to the children.

I want to just make a comment on private methadone clinics. Is this outside of the scope of the hearing?

Chairman **Pepper**. No, indeed. Go ahead.

Dr. **Sheppard**. They are treating 95 percent whites and 5 percent blacks. This is not true of St. Louis. Since June 1, we have admitted 40 new patients, and the streets are running a little lye, and the stuff is dirty, and the kids are getting abscesses, and they are on the brink of being destroyed because of the substances they have mixed with the heroin.

Out of 40 new admissions during the month of June, we have had 18 whites, 15 blacks, six Cubans, and one Mexican. And we have no support. Of the four programs run by the Archdiocese, I get a monthly check from the ABCD drive for $17,000. You compare that. It costs me $700 per person per year. It costs some of our other clinics $4,840 per patient per year. Of course, we treat patients and we do not treat paper. There is a difference.

Chairman Pepper. Doctor, you are not at the present getting any Federal funds for your program are you?

Dr. Sheppard. Not a penny. The first scintilla of help came this year from the U.S. Fund, which gave us $2,000 a month for 1 year.

Chairman Pepper. Well, we have been assured by Mr. Paul Perito, who is the Deputy Director of the Special Action Office for Drug Abuse Prevention in Washington, who visited us and was very much impressed by your dedication and your knowledge of the subject, that he was going to get some help from the Federal Government; and I do not know of anybody more entitled to it than you are. I certainly hope it will be forthcoming soon.

Dr. Sheppard. I hope he put it in writing.

Chairman Pepper. If he presses you too hard, I will help you. It will be forthcoming, and I think pretty soon.

Doctor, what can be done if you had the authority to prescribe totally; what can be done to deal with this problem of drugs in the schools? You have already spoken about therapeutic programs, and we have been up to the Seed, and I have been out to Concept House, and we have heard some stories about Self-Help, and Here's Help, and what others have done. If we were to say all right, the Federal, the State, and the local governments are prepared to cooperate in carrying out the program that the educational and medical authorities say are the best programs possible, what kind of a program should it be?

Dr. Sheppard. It would have to be anarchy. I was asked to teach a classroom teacher who sidestepped all of the bureaucratic steps and reported directly, reports directly——

Chairman Pepper. To whom? To whom, to the school board?

Dr. Sheppard. To me.

Chairman Pepper. To you?

Dr. Sheppard. I had a hot line at the school board to report to me and so we had been out and got them over two programs equivalent to Seed. I cannot forget my training. For a long time I would not have recovered had addicts worked in my program, and now we have four. I would not, and for simply the reason that I have treated too many of them after they have gotten off, and they have gotten hold of some money. And I have a double bank account, for recovered addicts I have a double bank account, two signatures, mine and theirs, because if the money there is available, or somebody needs a tab of Demerol, or an ampule of Demerol, or something of that nature, it is pretty hard.

I would get him into a program, not isolated in the sense of distance, but a separate program, equivalent to what they have in Lauderdale. Now, there have been criticisms of the street program in Lauderdale, and I went up there as a skeptic a couple of months ago. I have been going up there religiously and I say you cannot argue with success.

And I saw in the range of four or five kids whom I have failed miserably, individually, and I went—a one-to-one basis does not work on these kids. It must be peer pressure, and it must be youth working with youth. And everybody should be helped in that way.

Chairman PEPPER. Well, now, Doctor, yesterday we had representatives of several of these programs, and they are getting very little help. One of them, told us that they got a total of half of their money, altogether, from public sources. But, here you are, you have been doing very great work, and the Catholic Archbishop has been carrying it.

Dr. SHEPPARD. The Archbishop and the Miami Dolphins.

Chairman PEPPER. Well, we thank you and both of them.

Dr. SHEPPARD. I hate to say because somebody would steal it away, but the Dolphins have been very good to us, very good to us financially, and so forth. They have given us two large donations of capital proceeds of one of the exhibition games, and an individual check.

Chairman PEPPER. Well, we are pleased to hear that. It conforms to our own high esteem for Mr. Robbins, who is with the Dolphins. We are very proud of them here in Miami.

Doctor, the authorities at the Seed were telling us that they received about $177,000; they receive it from the OEO program from sometime ago. They have got several hundred students there.

Dr. SHEPPARD. Yes; 146 of them from Dade County.

Chairman PEPPER. That is exactly what I was going to say, 146 were sent there primarily by the courts from Dade County. Now, we are not paying anything, Dade County is not paying anything to that agency for those students that they are taking care of up there. Neither is the State of Florida, and except in that OEO appropriation of $177,000 from the Federal Government.

Dr. SHEPPARD. Could I say that the redtape is that we have welfare patients and they cannot use the money at our clinic. If they want to, they could not charge it. They give what they can and we do not charge them. If they have a dollar or two, they will throw it in the kitty, but that is about it. You cannot get it from welfare, and the same thing applies up there.

Now, I believe that in Dade County I have seen quite a few children during the course of the last month or two at the Seed, and I have sent three or four there because the basis, the secret of that program is this: Attitudinal change. And he has about 300 foster homes under his belt, so when the child comes there they do not go back home. That is the secret. If there is a conflict between the parents and the child, they do not go back home, they go to one of the good foster homes. I do not know. I do not think even Commissioner Swan——

Chairman PEPPER. He testified before our committee yesterday. Go ahead.

Dr. SHEPPARD. His girl went up there, and she was sent to one of the circuit judge's home while he took the circuit judge's son into his own home.

Now, I have quite a feeling for this program, and when I see a family—I saw the Swan family in chain style prepare 700 sandwiches. They have no cook up there, and the parents, no matter where they live, Homestead, or Gables, or any place, they cook the meals for the kids and transport them. And this is quite a feat, to cook 700 meals, and know that 1 day an entire family prepares 700 sandwiches.

Chairman Pepper. Well, Judge, Mr. Swan whom we all recognize as the former U.S. Commissioner for many years, told us a very dramatic story yesterday of his daughter, Kathleen being up there. I happened to meet Judge Swan the first visit that I made to the Seed, and I was surprised, and I said, "Ed, what are you doing here"; and he said "Well, we brought our young girl, 16-year-old daughter here." And I heard later that she sat there that evening while I was there, very gloomy, and very hostile, and very unhappy. A few days later she was a new child, and he told our committee yesterday that he had a beautiful daughter, a happy home, and a happy family. That girl has been saved in that.

Dr. Sheppard. Attitudinal change and love, because you cannot love anybody else until you love yourself a little bit.

Chairman Pepper. Well, now, Doctor, you spoke about the desirability of the school separating those who are found to be abusers of drugs into some of these separate institutions. Now do the schools at the present have any money to take care of the children that they would refer to such institutions?

Dr. Sheppard. No. No, because we had to cut many teachers, we have cut off all of our full-time substitutes. We were in a deficit of about $23 to $25 million, and we had to cut programs like the pilot program which was for emotionally disturbed children, and we had to close that down.

We had one out here which was a disability school, and we had to close that down. And I think I would like to see Federal money come in for counselors and more psychologists.

Chairman Pepper. The Federal and State governments and, of course, the local school board has appropriated millions of dollars for the educational programs throughout the country, but they have just not yet come to the awareness of the importance of this segment of the problem; have they?

Dr. Sheppard. I think that, as of a couple of weeks ago, they are becoming more and more cognizant that we are dealing with something which you can almost, or which you should compare to a smallpox epidemic. You should compare this to a smallpox epidemic where you close all of the schools, or you would concentrate in areas involving both the family and the children. The administration is hamstrung, hamstrung.

Chairman Pepper. Doctor, another question: You said a while ago, and I thought most interestingly, that in the first three grades of a child's school years you can detect whether or not that child is likely to become an antisocial person, or a school dropout, or criminal in later years.

Now, if the defect of that child, if the defect is hearing or speech, or perhaps some other physical defect, it is obvious or it is determinable. There are programs for that, are there not, to help the handicapped?

Dr. Sheppard. Yes.

Chairman Pepper. But, that child that has some peculiar inadequacy to adapt, or to adjust, or to avoid becoming a dropout, and avoid becoming an antisocial individual, avoid becoming a criminal, we do not have any program to deal with that; do we?

Dr. Sheppard. No, we need more psychologists, more counselors. It has been proven in New York City where they had a task force—and

I know this only by reading—where a child was reported and seen by a full team of social workers, psychologists, and counselors within 24 hours of reporting. When you reached December or January the waiting list for psychologists was as long as this table, and you wait your turn, and in the meanwhile you just twiddle your thumbs while the child goes on. The question is, the thing is, as I see it, one of the main things is we have got to get the boredom out of the classroom. We have to make the child interested in coming back to school and wanting to do his thing the way he wants it, and we have got to teach our administrators that this is the way to go. You cannot follow the old tactics. Puberty nowadays does not begin at 13, 14, or 15. In a girl, regardless of endocrines, puberty begins at 10, and boys I would say 2 to 3 years later. Awareness of social facts happens much earlier to the girl than they do so the boy.

For the same reason the more difficult person to take off heroin is the female. She is much more difficult, the female.

Chairman PEPPER. Doctor, I could inquire for a long, long time, but I would like to give my colleagues here a chance.

Doctor, do you have an exhibit that you wish to present today?

Mr. PHILLIPS. Could we look at that exhibit, Doctor?

Dr. SHEPPARD. Yesterday one of the mothers visited me, of a child who is in the high school in this area, and she was cleaning out her room. She was cleaning out the child's room and the child had gone to camp, and she found a list of children to whom she had sold drugs.

She was a middle pusher, and I hate to apply the term pusher to a young child, but she was, and there were some marihuana cigarettes, and some mescaline, and a list of names and telephone numbers whom she could call.

Chairman PEPPER. How old was she?

Dr. SHEPPARD. This child must have been about 12.

Chairman PEPPER. Mr. Mann, would you like to inquire?

Mr. MANN. I appreciate your delicacy in hestitating to refer to a student as a pusher, but in our hearings we have developed the fact that practically all of the drugs in the schools are being sold by other students.

Dr. SHEPPARD. Yes.

Mr. MANN. The pusher comes to the campus, or comes to the edge of the school grounds, or to the store across the street. We have failed to identify him, the pupil who has gone out and pushed the pusher, and got the drugs, and brought them back to the school.

In connection with your methadone clinic, do you have epileptic students?

Dr. SHEPPARD. Yes.

Mr. MANN. What type of performance are they demonstrating in school?

Dr. SHEPPARD. Poor in school. I would say they have been average students. We have quite a few leadmen in that case who did not make it in the college grade, and this is an escape. That was a mystery to me for a little while to understand. There are quite a few sports people in our clinic, and they made it at Drew High, let us say, and this is nothing against their mental capacity.

Mr. MANN. You started to say poor.

Dr. SHEPPARD. I meant poor in attendance.

Mr. MANN. This is what I meant.

Dr. SHEPPARD. The percentage of attrition in all methadone clinics is highest with the younger groups, unless you have strong forces behind them like parents who will really stick to it, and you lose more in the first 3 weeks, and once you can keep them for 3 or 4 weeks, then you have a good, willing patient, let us say.

I defined pusher. And in my definition of pusher, a real pusher is one who pushes for profit. You do not find that so much in the others. You find an area where that user of heroin is pushing for his own habit.

Mr. MANN. Yes. I am very much interested in your suggestion that the teacher reporting system be improved. However, in our hearings today we have found very little evidence of encouragement by the school authorities to have the teachers report at all.

Dr. SHEPPARD. Yes. I will buy that for the simple reason that it reflects on the higher ups in the schools and in the districts.

Mr. MANN. And even in the guidance counseling area we found that those people, or the ones with whom we talked, felt no responsibility whatsoever for reporting evidence of drug use; no responsibility.

Dr. SHEPPARD I think that if the guidance counselors had a little more leeway, and knew the programs to which you could refer, and they are doing a lot of referring, they are doing it, a great deal of referring, and you meet a lot of parent resistance because the parent says it is not my child. My child does not use drugs, it cannot be.

Mr. MANN. I would like to go to the question of drug education programs in the school, but I realize Mr. Rothstein is equally involved in that with you.

Dr. SHEPPARD. Yes.

Mr. MANN. So, I will reserve that.

Dr. SHEPPARD. I would make one statement on that, and that is when I started in the schools I spent many thousands of dollars to buy kits and kits to show the plastic drugs, and I found kids who were buying these same drugs to see what they looked like, and how they felt to take them, so I have become very antiexposure. I do not believe in films. I do not believe in scare films. I do not believe in that sort of thing. Probably for the parents, yes; but I feel as I said, boredom in our testing was the problem, and the other thing was adventuresomeness.

We have two big factors, boredom and adventuresomeness in our schools.

Mr. MANN. Well, we certainly have had a similar reaction from the students with whom we have talked. They either turn off the demonstration, or they consider it grossly exaggerated, or it arouses their curiosity.

Dr. SHEPPARD. It does arouse their curiosity. I wish there could be a moratorium on films and it is ridiculous, in some schools. The principal is the man who is senior in the parish, and he does as he pleases, as it was, with reference only to his immediate supervisor, and you go into a school, and you speak to the principal, and he will say, "Well, yesterday I had a representative of law enforcement, I had a representative of the attorney's office, and they all spoke to the students."

Well, this is nonesense, this is utter nonsense, because lectures, they are for the birds. These kids, they have, by the time they have reached the fifth grade, had so many lectures they could lecture to the lecturers.

Mr. Mann. I remembered with interest from one or more of these reports on the drug education system that there is a recognition of a need to teach positive values as we, I think, can see that Seed teaches. Certainly that is worth a try in the schools.

Thank you, Doctor.

Chairman Pepper. Mr. Keating.

Mr. Keating. Yes.

Doctor, do you believe that marihuana should be legalized?

Dr. Sheppard. Absolutely not.

Mr. Keating. Do you believe that schoolteachers or guidance counselors that carry that belief that marihuana should be legalized can properly counsel with a person having a drug problem, a student having a drug problem?

Dr. Sheppard. Absolutely not. Contract or no contract, I would throw them out.

Mr. Keating. I think that is a good starting point.

Dr. Sheppard. I hear these stories, Mr. Keating. I hear these stories where particularly when I went up to the Seed, when the question was asked how many of you children bought stuff from teachers, and now, I do not want to believe it, I do not want to believe it, the number of hands raised. I just do not want to believe it, but a number of hands were raised, and a number of hands were raised when they asked the question, "Do you buy stuff from law enforcement officers?"

It is difficult for me because I have worked with law enforcement officers.

Mr. Keating. We were there the other evening, Doctor, and I think the question was asked, how many of you smoked with teachers, and I guess that bothers me more. I cannot believe either that there is a significant number of teachers who are actually selling it.

I would rather think, without knowing, that it is a smaller percentage, but I think those who smoke with the kids, and there were quite a few hands that were raised in response to that question, that frightens me because it then appears to be more the thing to do, the norm.

Another question was asked, and I am sure some of the same questions, "How many of you started with marihuana or pot?" and almost without exceptions the hands went up. Is this part of the reason that you are against the legalization of marihuana?

Dr. Sheppard. The only reason I am against the legalization of marihuana is because if you read the medical journals instead of the newspapers, where most information is secured, if you read the medical journals, the pathology of marihuana smoking is becoming stronger and stronger as it affects particularly the electroencephalogram. This has been demonstrated very strongly in the last few months.

You must remember that we have battled with alcohol for 100 years, and we know about alcohol, we know about the cause of cirrhosis of the liver, polyneurhitis and all of those things, but we are for the first time, we have in the last year or two been able to extract the THC, which is a psychotropic factor in marihuana, and for the first time you can give measured doses and see the reaction, both on the brain, and on the endocrine system.

You ask anybody who has been on a binge of marihuana and they get what the kids call either the gluch or the muches.

Mr. **Keating**. Can you explain that, please? Could you define those terms, please?

Dr. **Sheppard**. They have to eat because the marihuana destroys their muches.

Mr. **Keating**. That is the gluch.

Dr. **Sheppard**. Muches and the gluch are the same thing. That is why the sundry shops and hamburger joints are filled on a Friday and Saturday night, because these kids have to eat to bring back the blood sugar. A diabetic taking hallucinogen can go into a coma because of what the hallucinogen does to the blood sugar.

Mr. **Keating**. Do you have an opinion, Doctor, on what motivates people who want to legalize marihuana? I do not see the big profit in it for them.

Dr. **Sheppard**. I think that the people who want to legalize marihuana have problems, and problems of their own, and they use marihuana as an escape. I do not believe, and it has been shown conclusively, that you can create better, that you can write better, that you can sing better when you are under the influence of marihuana. I cannot buy that. I do not think they are creating better.

But, you take somebody on a speed trip, an artist, and ask him to draw, and when he is coming down—or under a hallucinogen and ask him to draw, and he is coming down—and wakes up in the morning, and you show him what he drew and he will tell you that he did not draw that.

You cannot compose better and you cannot draw better. And while I think of it, I think you just mentioned the word "alcohol." This is almost as bad a problem in these kids. These cheap wines that are being sold in the stores, Ballyhigh, Apple, they can send an adult in to buy them a couple of bottles of wine, a bottle of wine and half a cigarette of marihuana will start them floating.

Mr. **Keating**. Doctor, I would have to say that one significant factor, and there are quite a few on this trip that Chairman Pepper has arranged for us in these discussions——

Dr. **Sheppard**. Watch out for that word "trip," Mr. Keating.

Mr. **Keating**. I stand corrected. Let me say that Dr. Pepper—Dr. Pepper—I will go out the door and come back in.

Chairman Pepper has arranged these hearings, and as a new Member of Congress I would like to reiterate the affection I have for him as chairman of this committee, and the deep interest he has taken in this problem, and the insight he has provided for me on the select committee; and that is coming from the other side of the aisle, by the way. I am pleased with that, and I think the chance to talk to you makes it, and people like you makes it, very valuable, but, I think if there is one of many significant factors I have run across in the testimony it has been the alcohol, and that kind of surprised me a little bit, that the young kids were drinking as much as they were at such an early age.

And it prompted me to inquire whether that was the first step, rather than marihuana.

Dr. **Sheppard**. Some of them are afraid of scaring them off drugs or alcohol, and I do not know which is the worst evil, because the cheap wines, the Pineapple or Ballyhigh, or I will ask the kids in the back what the new ones are—they can tell me—those are being consumed in great portions on the weekends because you can give any adult a dollar and he will go in and buy it for you.

Mr. KEATING. Will we really ever develop a drug-free atmosphere within the schools without the complete cooperation of the administrators in the school system, the boards of education, and the parents?

Dr. SHEPPARD. No, sir; no, sir.

Mr. KEATING. They must give support to the teachers in the classroom.

Dr. SHEPPARD. They must support the teachers.

Mr. KEATING. And the teachers must report.

Dr. SHEPPARD. The teachers should report, and not be afraid to report. I think too often they are afraid to report.

Mr. KEATING. Is that not a lack of support from the other echelons within the school system?

Dr. SHEPPARD. I believe that Mr. Rothstein probably disagrees with me, but I believe that the upper echelon is—with a structure such as this, with numbers, performance of teachers being rated, performances of principals, educators, forgetting that we're in a new era, our whole educational system must be overturned, in my opinion.

Mr. KEATING. Now, earlier, Doctor, you mentioned that peer pressure is the most significant factor in overcoming this problem. You mentioned that 1 to 1 does not work too much. Are you indicating that the psychiatrists and the psychologists within this age group are not as effective, as let us say, a Seed program?

Dr. SHEPPARD. I do not think they are, really. I have had that battle, myself. I spent a year in psychiatry. I do not think I would undertake to teach one—I say they are important, but which came first, the psychotic, the psychotic or the drug? That is hard to say, because there have been many studies which indicate that people who have been on speed trips actually behave like schizophrenics, and are admitted into institutions.

It is like the toxicity which comes on when you smoke the Vietnam grass for the first time.

It will blow the top of your head off if you are not an experienced smoker. I mean, this Minnesota green stuff, there are all grades, there are different grades.

Mr. KEATING. One more comment I would like to make, and I guess it is the only point in your testimony I would find some disagreement with, and that really only by implication, you indicated that the teachers in the schools may make one-third of what a plumber or an electrician makes, and I have heard this used so many times, and I feel that I must come to the aid of the plumbers and the electricians, because I feel that that is an honorable profession.

Dr. SHEPPARD. I do, too.

Mr. KEATING. And I think we develop within some students the idea that maybe they should not go into this field because we constantly use that comparison. And I think that vocational training and education has a real place in our society, and I feel that we, by implication, say this really is not a great profession, and when we use that comparison we do this. I just wanted to make that comment to you, Doctor.

Dr. SHEPPARD. I agree.

I just want to say this. That I have neglected the family unit, I have neglected to mention that, and we should stress it a little bit because without the family unit it is of no avail to work with any child. And I say this: It takes 3 years to become a plumber, it takes 4 years to become an electrician. It takes $4, or $2 less, and you become a parent.

Mr. **KEATING**. What a tremendous responsibility. And, Doctor, I am very much impressed with your testimony. I agree with so much of what you said, especially the final thought about the family, which is the core of our society and must be preserved. Thank you, sir.

Chairman **PEPPER**. Thank you very much, Mr. Keating. I appreciate your questioning.

Mr. Rangel.

Mr. **RANGEL**. Thank you, Mr. Chairman.

Doctor, it is a pleasure to hear your testimony. I represent the central Harlem area in New York City, and the sad part of it——

Dr. **SHEPPARD**. That is where I come from.

Mr. **RANGEL**. Central Harlem?

Dr. **SHEPPARD**. Morningside Park.

Mr. **RANGEL**. I know it. Right.

Dr. **SHEPPARD**. When I lived in New York, I lived for a while in Morningside Park.

Mr. **RANGEL**. Well, I will go home with you. I think the sad point is that we laymen may expect too much from the medical profession. I think, in the area of drug addiction. The testimony reveals that we do not have the answers, so I will just confine myself to the Seed program, because like you I was a skeptic, and I did go to the place, and I am convinced that whatever Mr. Barker is doing, he is doing it well.

My problem is that whenever I ask the participants or Mr. Barker questions as to what makes it work, sometimes the language is what you said, attitudinal changes. And the fact that the person is transferred out of the home setting. But you testified, and my colleague, Mr. Keating, was saying that one did not want to believe all of the hands that were raised related to teachers being involved, related to policemen being involved.

I certainly was shocked to find out that anybody was alive in Miami after I asked how many friends of yours died from overdoses; everyone's hand went up. And it seems to me that if, in fact, as the kids say that not being a part of the squares, if this is an elite group to join or to be with—the people doing the "in" things—that if I were a youngster here I would want to become a part of the Seed whether I was on dope or not.

Now, if that is so, then it might allow one to exaggerate his experience at Seed.

Dr. **SHEPPARD**. Seed is a status symbol now. Seed is a status symbol. I mean, with kids. You see, "I am a graduate of the Seed and, therefore, come to me with your problems."

Mr. **RANGEL**. Well, wi'l it logically follow that if you were a member of this closed fraternity of Seed that you might exaggerate your experiences with drugs while you are participating?

Dr. **SHEPPARD**. I think there is some exaggeration, yes.

Mr. **RANGEL**. Yet I do not know what was done for this congressional committee by Mr. Barker when we visited, what was formally done in this so-called rap session as compared to what is normally done.

Dr. Sheppard. No. You cannot get in.

Mr. Rangel. Can you get in?

Dr. Sheppard. No.

Mr. Rangel. So, we do not know how much is programed and how much is really——

Dr. Sheppard. I can tell you that half, that I know they have rap sessions continually, and that they meet en masse, and then part of the time the boys meet with the boys and part of the time the girls get together.

As to the individual program, I sent one of my boys who works with me up there, and he cannot get in.

Mr. Rangel. But, Doctor, what I am talking about is when a legislative committee visits a penal institution, the warden knows we are coming, everybody in the prison knows, and everybody and everything is going to be all right. And somehow I got the impression in visiting the Seed that every answer we wanted was given in such an automatic way that I left with the feeling that it certainly was a successful program, but the responses were just coming one right after another, so that everyone was happy, everyone loved each other, everyone loved us.

They sang the "Battle Hymn of the Republic" three times, and I just could not believe that people with problems could be that happy.

Dr. Sheppard. I think they are floating. They are floating. I agree with you on some of the doubt. I share the doubts. I certainly share them. I have full faith and confidence in the end product of what I see, because I have no hesitancy in saying that I saw at least four children up there with whom I had failed in my program, and they were not only in Seed, but doing well.

Whatever kind of Pied Piper tactics they used, I do not know, but I see the end product.

Mr. Rangel. But you are saying with all of your medical, legal, and other experiences in this specific area, that with all of the doubt, or the limited doubt, you have about Seed, that this type of program is the best we can have?

Dr. Sheppard. I say peer pressure.

Mr. Rangel. Is that not what we are talking about with Seed?

Dr. Sheppard. Peer pressure.

Now, the question in my mind is does peer pressure work better with the graduates of the group, or does it work better if you bring in people with more background psychologically. And the next question in my mind that sort of is sitting in the background. I think they are opening up more to youngsters their own age, provided they have been trained and guided. They will open up more.

Mr. Murphy. You are saying, if I understand you correctly, that the best solution at this time is having the peers of those who are drug abusers actually working with these people rather than having professional people assist in this area?

Dr. Sheppard. Absolutely.

Mr. Rangel. My last question, Doctor: Do you believe that a factor which attracts so many youngsters to marihuana is the fact that it is illegal and antiestablishment?

Dr. Sheppard. Yes, yes; that is an expression of their rebellion against parents. This is, I hate my parents, or they are dedicated against parent, against authority, and this is one way, the way I used to sneak around and smoke cornhusks, or pick up butts and roll them together. This was against authority.

Mr. Rangel. I wish you could come back home with me because we really need you there. Thank you very much.

Chairman Pepper. If my colleague would allow me to interrupt just a minute, Dr. Sheppard, I saw another example of this group peer therapy at the Redwing, Minn., institution where juveniles are confined for felonies, bank robbery, and all sorts of things.

That institution was so bad under the management previous to this peer therapy being installed that the citizenry in the area revolted against a number of students who broke out and robbed and stole and committed other offenses in the neighborhood, and brought the Governor of the State and the head of the correctional institution down there to answer to them as to whether they were going to do something about that institution.

And then they protested. And the University of Minnesota helped to have a correctional professional from Kentucky, who was put in charge of the program come, and he installed the peer therapy kind of program.

The students are in houses, 30 at a time, and their groups are divided up into 10. They work with one another and they have had phenomenal results.

The same principles were applied to those boys who were out of school and had been to a judge and were guilty of a felony and committed by the court.

Excuse me. I did not mean to delay Mr. Murphy.

Mr. Murphy. Thank you, Mr. Chairman.

Doctor, since our investigation has begun, with our travels to New York, and now to Florida, and I think we are going to San Francisco and Chicago, the one thing that becomes obvious to me is that there is no one way to handle this drug problem. I think the word is "multimodality." I saw with Seed yesterday that these youngsters respond seemingly with love and a lack of boredom.

They seemed enthused; they were involved; and maybe this is the key. When you spoke of boredom, we found this to be a very important element in Vietnam as far as the young people turning to drugs. I wonder if you could give us some reason, based on your experience, for this boredom. What is it today?

The youngsters seem to have everything they want and perhaps that is the problem; they have nothing to work for.

Dr. Sheppard. They have too much. They flip on a switch and they can watch the boob tube. They get money to go to a movie. They have to have wheels. They work their heads off to have wheels, and this is a very mobile society. And excitement, and challenge, and the things they read in the paper, the things going on, and they read this through the mass media, these are all, these are are all things that I think are exciting to them, because children have a tendency to build up an image, and they work up to that image.

This a psychological fact that is true. They work up to that image that they have built, and they are going to go through with it.

Mr. MURPHY. I see a group of youngsters sitting in the back of the hall today, are they all from the Seed program?

Dr. SHEPPARD. No, they are with me. They are in one of my programs.

Mr. MURPHY. These young boys and girls in their testimony said that they were not going to believe anybody who would come into the schools and talk to them about the dangers of drugs. They said that when they got someone backing up your theory of the peer pressure group and when they would be addressed by someone from their own age group, only then would they listen.

I am wondering, as a parent, and I see a number of people out here today who I imagine are parents, what would your advice be to parents, based on your experience in this field? What do you tell parents to look for in their children to prevent this? What can they do?

Dr. SHEPPARD. I tell them first to throw their flashlights away, because the modern parent meets his child at the door, and starts looking at his pupils to see if they are dilated or whatever, and I tell them to have faith, set an example, family unity.

About 80 percent of my cases at the methadone clinic come from broken homes, or homes that should be broken. And the secret of the whole thing that we have, the secret is family. The background or foundation on which you must build is family structure and family unity.

Mr. MURPHY. Commissioner Swan mentioned yesterday, when referring to his daughter, and you could see the love he feels for her in his eyes, that he had a "new girl" as a result of her experience in the Seed program.

Dr. SHEPPARD. She was one of my failures.

Mr. MURPHY. Well, one of the things he brought out, though, was that when he meets his associates, they come up and put their arms around him and say they are sorry to hear about his daughter. His daughter tells him that these same fellows who are commiserating with him also have children who are involved with drugs, but do not know it. There seems to be, and I found this true when I returned from Vietnam, there seems to be a reluctance or a refusal on the part of the establishment, the people of your generation, to acknowledge the depth of the problem.

We came back from Vietnam saying we thought there were anywhere from 10 to 15 percent of the boys there who were on heroin, who were using or were experimenting with heroin. There was a great cry that this sort of information jeopardized the ex-GI's job chances. When we got back to the States there was a complete refusal, a shutting of minds and eyes to a program of rehabilitation.

In fact, a subcommittee of the Armed Services Committee, dealing with this problem, had the title of "Subcommittee on Alleged Drug Abuse in the Armed Services." A couple of months ago that name was changed.

We were told several times yesterday of the percentage of youngsters who are experimenting with drugs. The figures that were repeated were from 70 to 75 to 85 percent. And yet the establishment and the teachers and the members of the board come in and say no, the problem is not that bad.

I think, No. 1, we have to come to grips with the knowledge that we do have an epidemic.

Dr. **Sheppard**. Absolutely.

Mr. **Murphy**. I think the first step in diagnosing and treating a disease is acknowledging you have it. Do you agree with that?

Dr. **Sheppard**. Absolutely.

Mr. **Murphy**. What is this refusal on the part of the people to recognize and acknowledge it?

Dr. **Sheppard**. Because they feel it reflects on them as parents. It reflects on something they are doing which is not right, and the children they have lost contact with, the kids, there is no communication, and this is the escape of the youngsters. This is a reflection on themselves. That is why they will not accept it.

Mr. **Rangel**. But this is done subconsciously; is it not?

Dr. **Sheppard**. Yes. Yes.

Mr. **Rangel**. No one who has actually lost his child or knows he is an addict runs around and says he is not addicted?

Dr. **Sheppard**. I would say 95 percent of the cases. If I told you yesterday or the day before—I forget when I have my medical hours at night—I had a girl brought in who was almost 8 months pregnant, and her mother just found out about it, a 17-year-old girl. Her mother just found out about it. There is something missing.

Mr. **Rangel**. Well, you know, we have been to the schools in New York City. Mrs. Rose Shapiro, whom you probably know well, was chairman of our board of education for 10 years, and she gave the same testimony you did, that they were so busy with salaries and pensions and decentralization that they just never got around to even thinking about drugs.

And the question which bothers Congressman Murphy and myself is: Are we saying that the teachers and the parents are deliberately, because of their egos, running away from the problem, or are we saying that they have some psychological block they cannot face up to?

Dr. **Sheppard**. I would exclude the teachers, and I would say the parents have the block. The parents have the block. They will not admit it. They do not want to admit it. They do not want to say it, they say it cannot happen to me, as I come home every day with a good paycheck, and I put steaks on the table three times a week, and that sort of routine, and I have been a good parent.

We go on vacation.

Mr. **Rangel**. And the teachers do not want to get involved because it affects the prestige of the school and the profession?

Dr. **Sheppard**. I think the teachers do not want to get involved—I think they want to get involved if they had more range to be involved.

Mr. **Murphy**. Doctor, one of the conclusions yesterday which was brought up by these youngsters is that there should be more discipline in the schools. These kids are really looking for some definite lines which they can go up to but cannot cross.

And as one child put it, they keep pushing the line, keep pushing the teacher, keep pushing the school and the principal. Do you find that to be true?

Dr. **Sheppard**. Absolutely. They will test out anybody, and the same thing, the trouble nowadays that since the time the child was born, the parent has not done a darned thing except feed it, and clothe it, and acknowledge its presence. Maybe take it to church on Sunday and then all of the sudden, at the age of 14 when they have never, never exercised any authority on the child, they start to step on his neck, and that is the end of it, they are not going to buy it because the parents have not been any authority, have not shown any, but they must.

The time to start is when they are born. I used to raise dogs, and if the puppies did not respond they got a whack on their tail.

Now, that is against permissiveness; that is against that.

Mr. **Murpry.** Would you favor some type of discipline and punishment a little more severe than we now entertain in the schools?

Dr. **Sheppard.** I favor punishment, I favor discipline, let me use that word, I favor strong discipline. I do not want to regiment the schools, but I sure favor discipline.

Mr. **Murphy.** Well, Doctor, I think that the people in the Miami area are indeed fortunate to have a man of your wisdom and foresight involved and they are also fortunate in having two Congressmen with whom I am pleased to serve.

I went back to my hotel room and watched the TV news broadcast telling about three men who were caught in Gainesville with $3 million worth of pure heroin from Thailand. It is through Mr. Fascell's efforts, I would like to tell the gentlemen of the press here, and the ladies and gentlemen here, that we on the Foreign Affairs Committee passed an amendment giving the President of the United States the power to cut off any type of military, foreign, and agricultural aid to that country until it starts taking some serious steps to curtail the flow of heroin from its shores.

Because Dan would not tell it himself, I want you all here to know that Congressman Fascell led the fight on the Foreign Affairs Committee for this amendment.

And I thank you again, Doctor.

Dr. **Sheppard.** You know, I hear lots of stories about smuggling, and I could end my testimony by telling you of my experiences. In my first clinic that I had I had about four or six young girls whose only qualification was that they were flat chested, and they used to fly between here and Miami, between Miami and New York, and when they came back from New York they were like Mae West.

That is how difficult the smuggling problem is.

Mr. **Murphy.** Again, it is only one approach in trying to stop it from getting into this country. I have been there and have asked them to help us with the problem that is particularly troublesome to the United States.

Chairman **Pepper.** Mr. Fascell, would you like to inquire?

Mr. **Fascell.** Thank you, Mr. Chairman. I really would.

First let me thank Congressman Murphy because actually his leadership is what started this whole thing on the international drug traffic, and all of us were glad to join in.

Doctor, I could not help but draw some relationships here. Attitudinal change is one of the if not the most difficult thing to accomplish in a human being. The external inputs to an individual are so great that they are probably beyond the family, beyond the church, and beyond school to overcome or neutralize.

Mr. **Rothstein.** They would not be on the peers, though.

Mr. **Fascell**. I am a layman. I am listening to you experts. I do not know yet about the peer group concept. I am not sure about group therapy in the drug field and will not be until I have had a better chance to evaluate the results. I am perfectly willing to be guided by an expert's testimony like Dr. Sheppard who says he is guided by the results. OK, and I will be, too, until I have a better chance as a layman to evaluate the substance of the program.

But, VD has been an epidemic for centuries. We have got the same, it seems to me, core problem That is individual attitude change and pressure of external forces. We have not eliminated VD or alcoholism. One is basically secretive; the other is basically exposed, yet the problem remains.

Have we used the same systems in relation to these problems? Has this approach—peer group concept—been tried and has it produced effective results in dealing with VD and alcoholism? Don't the same attitudinal patterns apply the same in all cases of drugs, VD, and alcoholism?

Dr. **Sheppard**. My answer to that would be that I would like to see a family unit where the attitudinal changes did not have to take place. I would like to see a family where it does not make any difference whether the parent spends all day, because it is the quality not the quantity of hours you are spending with the kid. It does not make any difference. It should be this before it is necessary to have any attitudinal changes.

Mr. **Fascell**. This is what worries me, Doctor. Here I agree with you. We all want to help. Here is a congressional committee devoting a great deal of time to the problem. The Congress is, also. We are talking about a tremendous amount of money, a national program, and a national commitment. We are willing to do all this, but are we just treating the symptom and not the cause?

If we must treat the symptom, because that is all we can do, we will have to pay the money, build the institutions, get the professionals, and do whatever is required, obviously. But, unless we deal with the cause, unless we find the cause and are able to deal with it, are we not really doing nothing?

Dr. **Sheppard**. Well, I have to make one disagreement there. I refer again, I mentioned polio. We treated polio while we sought the cause.

Mr. **Fascell**. Doctor, that was different, though, there was a difference.

Dr. **Sheppard**. Why are these kids turning on? That is the big question. Now, if you know the *x* factor, and Gold, Wise, and Lander, who are probably the greatest authorities in the country on methadone, in the country, Gold, and Wise, and Lander believe that drug addiction is a metabolic disorder. They still think that. I forget which one is the male, and the female. They are husband and wife.

Chairman **Pepper**. Gold. Dr. Gold is the husband.

Dr. **Sheppard**. Dr. Gold believes that heroin addiction is a metabolic disorder, and he is still working on it, and that is how we came to use methadone.

I say that we do have a sickness which we have to treat, and all multimodalities—I do not say the Seed is the answer, the final answer, but I say that we do have the illness, and we must get the penicillin ready. I wish I had a penicillin shot that would stop all of this.

Mr. FASCELL. Well, Doctor, I certainly agree with you. I am struggling with, for example, change in curriculum. I can see the need to change the whole concept of the educational system, for example, and instead of the three R's it ought to be the six R's that Mr. Rothstein is going to tell us about, or whatever.

But, I am not sure that gets at the problem, either. I am for changing the curriculum, and updating it and making it what children are really interested in. And if that bears on the drug problem, so much the better, you know. The concept of the educational system obviously needs some updating. I think we could all agree with that.

I just do not see how, on the basis of a national commitment, even with a multifaceted program, that we are really getting at the root cause of the problem. That is the thing that disturbs me. I do not know whether it is our society, urban living, or what.

Mr. ROTHSTEIN. Could I add an aside to that, Mr. Fascell? When you look at our schools, each school is a minature society. It is a mirror of the values and standards and actions of that school community and of society at large. You could not cut the school out of this matrix. You are looking at a mirror and whatever you see, positive or negative, in that school reflects society at large.

Dr. SHEPPARD. I think, too, Congressman, that a great deal of work is being done on cause action. It is not embellished because it is not so much less but there is a great deal of study being done on the cause, very much.

Mr. FASCELL. Mr. Chairman, thank you very much for letting me inquire.

Chairman PEPPER. Thank you. We are happy to have you. Doctor, there are two things. One I failed to ask you is what, if anything, the board of public instruction of Dade County, Fla., has done by way of laying down policy or emanating policy with respect to this drug problem in the schools, or have you left that to the administrators?

Dr. SHEPPARD. I did not quite follow you.

Chairman PEPPER. I ask what policies has the school board adopted; have you adopted any policies definitely that you would ask the administrators to observe in respect to this drug problem, or have you left that as matters for the administrators, the administrative authority?

Dr. SHEPPARD. Mainly to the administration, but the other members of the board have turned the whole question of substance abuse over to me to deal with the administration through Mr. Rothstein, who represents one of the subdivisions.

Chairman PEPPER. Have you provided guidelines that you expected them to follow in dealing with this problem, coming from the board?

Dr. SHEPPARD. I think I have. I have tried. I believe that Mr. Rothstein has consulted with me on every proper position that has come before him. Let us say we have reviewed and destroyed many films, and discouraged many, many speakers, and this sort of thing.

Chairman PEPPER. Doctor, speaking about the authority of the board, have you asked the administrative personnel to allow a break in this chain of command that we heard about a while ago as being desirable so that any principal or any teacher could contact you directly if he or she wanted to do something relative to the drug problem?

Dr. SHEPPARD. Gentlemen, Mr. Rothstein has the information on that.

Chairman PEPPER. The committee has noted with pleasure that you have a number of your young people that you have identified as being people with whom you have worked. Would you like to present them or have them say anything, or tell us anything about them? We would be glad to have you do whatever you would like.

We are pleased to have them come here today.

Dr. SHEPPARD. Their leader is here with them. They are going to hang around all day.

Chairman PEPPER. Well, we are delighted to have them, and they are refreshing, and they all seem to be bright-eyed, and it looks like you are doing a good job with them.

Thank you very much, Doctor, and you may wait here at your pleasure. We know you have many things to do, and we want to thank you very much.

Mr. RANGEL. I am sorry to interrupt, Mr. Chairman, but I just had a letter given to me which had been addressed to Dr. Sheppard by Mr. Burt who testified here earlier this week before us in connection with a research project that he was conducting for the Urban Institute.

Mr. ROTHSTEIN. I will address my remarks to that.

Mr. RANGEL. You are familiar with this?

Mr. ROTHSTEIN. We have discussed it.

Mr. RANGEL. I see. Well, the committee was left with the impression that the survey was completed without the inclusion of drug abuse in the school population because of a lack of cooperation between the board, or the board and at the board of public instructions. At the time he said that he had written to the board and that he still was unable to get that cooperation.

Someone representing the board, whom I do not see here today, denied that such a communication—Miss Miller, I believe—had ever come to the attention of the board. Now, I have a copy of the letter that was sent to you, I assume in your position as a board member.

Dr. SHEPPARD. Yes.

Mr. ROTHSTEIN. I will review the chain of circumstances there.

Mr. RANGEL. OK. Fine.

Dr. SHEPPARD. We have discussed this, and I can give you the response why this occurred. This was presented to the administration and to other board members.

Chairman PEPPER. Well, Doctor, does the board contemplate now having any survey made in the school system as to how serious the problem is?

Dr. SHEPPARD. It depends upon who does it.

Mr. PHILLIPS. Doctor, would you say an outside agency is of valuable assistance to you people on the board, especially if you are having trouble with your administration responding to your request?

Dr. SHEPPARD. I think an outside agency could help; yes.

Mr. PHILLIPS. Doctor, have you been advised they have conducted an in-house survey that concluded that the drug situation is a widespread problem and is growing worse in the schools of Dade County? Have you been advised of that?

Dr. SHEPPARD. I have been advised of some of those acts; yes.

Mr. PHILLIPS. Have you advised the other members of the board of those facts?

Dr. SHEPPARD. Yes.

Mr. PHILLIPS. And has the board, itself, held a meeting in relation to this particular problem?

Dr. SHEPPARD. Not strictly on that, not strictly on that, but it has been brought to the attention of the board many times.

Mr. PHILLIPS. And what action has the board taken in relation with these facts that are brought to their attention?

Dr. SHEPPARD. The action of the board has been to turn it over to me, to allocate the money to me to fight the problem.

Mr. PHILLIPS. Well, have you issued a policy statement, at all? You have issued no guidelines to the teachers, you have issued no circulars or directions?

Dr. SHEPPARD. We have.

Mr. PHILLIPS. You have?

Dr. SHEPPARD. Yes.

Statement of Hy Rothstein

Mr. ROTHSTEIN. If you recall, Mr. Phillips, this survey was taken in the spring of 1972, just recently, and the findings were just released concerning that particular report.

Mr. PHILLIPS. What were they repressed for?

Mr. ROTHSTEIN. Dr. Sheppard was notified approximately a month ago about this, and we were talking about a time difference of oh, about a month.

Mr. PHILLIPS. The board has only had this information for a month?

Mr. ROTHSTEIN. These are very recent findings.

Mr. PHILLIPS. Thank you.

Chairman PEPPER. You will go into this matter, Mr. Rothstein?

Mr. ROTHSTEIN. Yes: I will go into it at a later time.

Chairman PEPPER. Before we start with Mr. Rothstein, we will take a 5-minute recess for the accommodation of the reporter.

Thank you again, Dr. Sheppard. [Applause.]

(A brief recess was taken.)

Chairman PEPPER. The committee will come to order.

Mr. Phillips, will you inquire.

Mr. PHILLIPS. Mr. Rothstein, I believe you have some prepared remarks you would like to give?

Mr. ROTHSTEIN. Before beginning my presentation, I would like to respond to some of the remarks that have been made during the past week. I respect fully the interest and the concern of the distinguished members of this committee for drug involved school-age children and would briefly like to outline what we have done.

Since the 1970–71 school year, the members of the Dade County School Board, under the constant leadership of Dr. Ben Sheppard, have attempted to deal with this problem by appropriating nearly a half a million dollars for planning and implementing educational programs in drug abuse prevention. As a result, thousands of pieces of literature and curricula materials have been distributed to support school instructional programs.

Hundreds of teachers have been trained in all types of approaches and techniques and have been utilized from rock bands, sensitivity training, and rap rooms.

In addition, student-parent community resources people and representatives from the various rehabilitation agencies have been involved in the educational and training program.

During the 1972–73 school year, we intend to attack this problem on three fronts. The informational approach, which includes instruction in the psychological, physiological, medical, and social aspects of drug abuse; the process approach, which involves youngsters in role playing, interaction, and peer influencing, and the activities approach, which assists schools in expanding their enrollment in extracurricular activities, in cultural and athletic disciplines.

Once again, as an educator, a taxpayer, a parent, and a member of this community, and a citizen of this country, I take exception to the inferences that the Dade County public school system has not attempted to deal with this problem.

The effectiveness of our programs, and the use of the preassessment and postassessment instruments may be debated. But, not our deep concern and strenuous efforts at combating at the school level this plague which affects all of society.

Mr. PHILLIPS. Mr. Rothstein, I asked Dr. Sheppard some of the points that I wanted answered, and I asked what he thought the number of children were in the school system who were abusing drugs or taking drugs.

He said, he thought he knew from his experience in the system, that the amount of people involved were 50 to 60 percent. Do you agree with that statement?

Mr. ROTHSTEIN. We are back to playing the numbers game, and I think this is a—let us understand what we mean by usage, now. Now, usage covers——

Mr. PHILLIPS. Are you saying Dr. Sheppard used a different terminology?

Mr. ROTHSTEIN. No.

Mr. PHILLIPS. Do you agree with the statement of 50 to 60 percent?

Mr. ROTHSTEIN. Can I respond, or——

Mr. PHILLIPS. Well, can you tell me yes or no, and then why?

Mr. ROTHSTEIN. I think between 10 and 20 percent that our administrators and teachers feed back to us, and 80 to 85 percent that the students feel is the drug usage problem, is probably a true estimate of the problem, 50 to 60 percent. But, this covers everything from occasional experimentation with drugs or marihuana to possibly, according to our feedback and statistics, a remote possibility of some of our youngsters shooting up, hard-core addiction.

Mr. PHILLIPS. Is there any doubt in your mind? You say the possibility that some of your children are shooting up. It is well established that some are shooting up.

Mr. ROTHSTEIN. Some are, yes. But, that is not the main problem.

Mr. PHILLIPS. What statistics are you getting back, indicating that?

Mr. ROTHSTEIN. We have recently taken a preliminary sampling, based on teacher and administrative responses. And I believe you have the survey.

Mr. PHILLIPS. Who conducted that survey?

Mr. ROTHSTEIN. We have what we call a department of program evaluation. We have a director, and this now harps back to the fact that Dr. Marvin Burt, and Dr. Rosen from the Urban Institute approached us in the summer of 1971 concerning the possibility of conducting a survey to show the incidence of drug usage in the Dade County public schools.

Mr. PHILLIPS. Before you go ahead, Mr. Rothstein, there is no doubt that the board of public instruction here was instructed by Dr. Burt and asked to conduct a survey; is that correct?

Mr. ROTHSTEIN. The administrative staff was.

Mr. PHILLIPS. Do you agree there was a man by the name of Dr. Porter who was here?

Mr. ROTHSTEIN. Dr. Gil Porter?

Mr. PHILLIPS. Yes. He was here the first day of our hearing and said there was no such application made to the school board. Was Dr. Porter incorrect?

Mr. ROTHSTEIN. Well, he was unaware of it.

Mr. PHILLIPS. Well, he was incorrect?

Mr. ROTHSTEIN. He was unaware of it.

Mr. RANGEL. Excuse me, Counsel. Is not Dr. Sheppard a member of the school board?

Mr. ROTHSTEIN. That is correct.

Mr. RANGEL. If a communication was sent to him, then one might suspect that the board had been alerted?

Mr. ROTHSTEIN. Do you want to speak to that point?

Mrs. MILLER. I was unaware. I was not on the board.

Mr. RANGEL. Let me rephrase it. One might be allowed to believe that those that were on the board on November 17, 1971, would be alerted?

Mr. ROTHSTEIN. Right.

Mr. RANGEL. I do not know how you send communications, but I have a letter, and maybe I am misinterpreting the whole thing, but it seems to me if the Urban Institute sent a letter to Dr. Sheppard, that reasonable people would believe that the board of instructions had been alerted.

Mr. ROTHSTEIN. They might have been, or might not have been. I cannot speak to that.

Mrs. MILLER. I was not on the board. I am a recent appointee.

Chairman PEPPER. For the record, the lady is Mrs. Phyllis Miller, a member of the board.

Mrs. MILLER. I have never seen or heard about this request for survey until the gentleman yesterday questioned me about it.

Mr. PHILLIPS. Mrs. Miller, before you go, I have a summary evaluation report dated April 1972, and in this report it says that the Dade County school system conducted preliminary exploratory study to provide background information about the effectiveness of drug abuse education programs, and one of the conclusions they reach is the drug situation is widespread, a widespread problem that is growing worse. Were you advised of that?

Mrs. MILLER. No.

Mr. PHILLIPS. All right. This is the April of 1972 summary report.

Mrs. MILLER. This exploratory survey has not been released or given to the members of the school board.

Mr. RANGEL. But, Mrs. Miller, this is a very emotional letter that was written by Dr. Burt asking Dr. Sheppard to please urge the members of the board of public instruction to allow the administration to cooperate because the survey was going to be completed by February. In the next to last paragraph is, I suspect, his opinion that a strong expression of interest on the part of the school board in obtaining early results would force them to see this through, meaning probably the evaluation that was taken later by the Dade County board.

So, what we are searching for is why was there such a lack of cooperation or why was it that the board did not see fit to cooperate?

Mr. ROTHSTEIN. Well, let me follow up.

Mrs. MILLER. Yes, I would like Mr. Rothstein to answer that question, and again make it very clear that although the letter was addressed to Dr. Sheppard, it apparently discusses—well, let him answer.

Mr. RANGEL. That is the doctor who was director of research at the time.

Mr. ROTHSTEIN. These things are turned over to him on many occasions before even coming to the attention of the board, and to the administrative staff for recommendation. This particular suggestion was turned over to the administrative staff.

Dr. Marvin Burt, I have a memo from the county manager's office in connection with his suggestion to conduct a cooperative study. He represents the Urban Institute in Washington, that is, Dr. Marvin Burt does.

Mr. RANGEL. That's some $25,000 that has been paid by Dade County for this research.

Mr. ROTHSTEIN. By the county manager's office.

Mr. RANGEL. Right.

Mr. ROTHSTEIN. For a treatment and rehabilitation evaluation, not for preventive education. They have just finished and completed a year and a half comprehensive evaluation of the treatment and rehabilitation facilities in this county, and that $25,000 went for that.

At the time when we were approached by the gentlemen from the Urban Institute, with the endorsement from the county manager's office, he submitted the——

Chairman PEPPER. When was that?

Mr. ROTHSTEIN. This was September 7, 1971.

Chairman PEPPER. OK.

Mr. ROTHSTEIN. At that time I submitted the Nashville, Tenn. evaluation, student evaluation survey. We immediately turned this over and referred it to our educational research committee for assessment with concern to its value to us. I have written down the responses of this committee concerning this partcular evaluation instrument.

Chairman PEPPER. Why don't you go on and pursue that now. What happened to the request?

Mr. ROTHSTEIN. The director of program evaluation, who was chairman of this research committee, evaluated it according to the following criteria:

Does this instrument have validity; that is, can it be reinforced by a subjective questionnaire. Does it have reliability; in other words, if we gave this test 3 days later, would be get the same results. Will the successful completion of this survey benefit the education of children in Dade County. Is the research study feasible; that is, can it be successfully administered, and if so, will the proposed analysis yield the information required by the objectives of this survey. Is the demand on the Dade County public school resources commensurate with the potential benefits of this system.

In relation to that, the impression was left with us that we would have to administer the test, monitor the test, tabulate the results and submit the recommendations or the final conclusions.

At that time the department of program evaluation was occupied with certain academic priorities: that is, standardized testing procedures in math and reading for the whole country, No. 1.

No. 2, they felt that this particular instrument would have to be drastically modified. It did not have validity, did not have reliability.

No. 3, they felt that a survey is of value, especially in the areas of determining from students their drug knowledge, drug attitudes, or opinion. But, incidence or usage by a pencil and paper test is absolutely valueless.

Now, we have Dr. Chambers down here, who is a very noted authority in this field.

Mr. PHILLIPS. Excuse me, Mr. Rothstein. Now you are going beyond the filekeeping.

Mr. ROTHSTEIN. Now, who supports this contention that a pencil and paper test of incidence and usage is completely valueless?

Mr. PHILLIPS. You say the first reason you did not do the test was that you were too busy; is that correct? That was the first reason you gave. Do you mean to tell this committee that the school board here felt that they were too busy to inquire into the subject of drug abuse in the schools?

Mrs. MILLER. Not the school board.

Mr. ROTHSTEIN. The school board had nothing to do with that. We are talking about the administrative staff and the director of program evaluation, who talked at that time with his small staff. They were totally occupied in a very important first priority that we have, which is academic, to teach youngsters reading and writing and arithmetic.

Mr. PHILLIPS. You say that is your first priority, and the fact that they may be dying of drug abuse may be of lesser importance than that?

Mr. ROTHSTEIN. No; that is what you are saying, not what I am saying. I am saying this is an important consideration.

Mr. PHILLIPS. When they were too busy to do this, did they go and ask for further assistance? Did they go back to the Urban Institute and say we are too busy, could you give us additional assistance, that kind of thing, or even to the county manager?

Mr. ROTHSTEIN. We had several discussions with Dr. Marvin Burt. We stated our objections to him in terms of the time factor and the administration effort, and that was the last thing I heard about it.

Chairman PEPPER. Excuse me, Mr. Rothstein. In my understanding from Dr. Burt's testimony it was that the county employed Dr. Burt and his associates to make the survey for the county, and the county manager approved of a request, or was a party to a request, that the school board make a similar survey with respect to the drug problem in the schools. Respecting the line of demarcation and authority between the school board and the school authorities, and the Dade County Commission, and the Dade County authorities, they did not apparently wish to undertake a survey in the school system.

They were doing it with respect to, primarily, employees of Dade County, and those who were under the jurisdiction of the county.

Now, so far as I understand, they were leaving it up to the school authorities to make the survey, and it would be under your direction and guidance that the survey would be made. Was that your understanding?

Mr. ROTHSTEIN. Two things: No. 1, we were not left with the impression that the county commission would support this to any extent.

No. 2, we have been wrestling with developing a survey that has validity and reliability for about a year. Now, we have examined many different surveys. We have had the United Fund submit a survey, the health department submit a survey.

We have a survey that we will probably undertake in the fall from the State department of health and rehabilitative services which has requested that we do this, and we will definitely cooperate with them.

Chairman PEPPER. You are going to make the survey requested now by the State rehabilitative authority?

Mr. ROTHSTEIN. They have asked us to examine the instrument.

Chairman PEPPER. What instrument are you talking about? I understood that you were being requested by the county and Dr. Burt to make a survey as to the nature and the extent of the drug problem in the Dade County schools. You were requested to do it. Now, what instrument are you talking about? You would devise the instrument, as I understand it. You would make the survey.

Mr. ROTHSTEIN. Right. We would develop an instrument and as I said before that it was not at the time a major priority because of the facts that I indicated. The State department of health and rehabilitative services has sent down a survey that they would like us to undertake.

We have done some preliminary sampling surveys. Two doctors here have evaluated some of our curriculum guide materials.

The preliminary survey that you have in your hand was conducted in the spring of 1972, but we have not, to date, conducted a full blown countywide, secondary-school student survey.

Mr. PHILLIPS. The survey that was presented by you, by Dr. Burt, the instrument, as you call it, the questionnaire was prepared by whom?

Mr. ROTHSTEIN. Prepared by Ed Bingley, director of the division of educational research, Department of Pupil Personnel Services, Metropolitan National Public Schools.

Mr. PHILLIPS. Did you look into the qualifications of that individual and that organization?

Mr. ROTHSTEIN. Well, we examined the instrument.

Mr. PHILLIPS. Well, did you look into the qualifications of the people who prepared the instrument?

Mr. ROTHSTEIN. That is not my function.

Mr. PHILLIPS. Do you know whether the board or the administration looked into the qualifications of the people who prepared the questionnaire?

Mr. ROTHSTEIN. I presume the department of program evaluation did when they evaluated the instrument.

Chairman **Pepper.** Let's get on. The point of it is that they made the request that you make the survey, and because of several different reasons you did not make it.

But now, then, the department of rehabilitation of State has requested you to make a survey.

Mr. **Rothstein.** And we are very willing to cooperate.

Chairman **Pepper.** In the fall?

Mr. **Rothstein.** In the fall. All right?

Mr. **Phillips.** What I can't understand, Mr. Rothstein, is that if this survey were prepared by an educational specialist, qualified people, and they put all this effort into creating the survey, which is being used elsewhere in the country, how your particular board could reject that survey.

Mr. **Rothstein.** Well, you say it is being used elsewhere?

Mr. **Phillips.** I say ——

Mr. **Rothstein.** It is not being used. It was done in Nashville, Tenn. and confined there, and this document and instrument does not have validity and reliability.

Mr. **Phillips.** I am told that this survey, and similar ones, are used in 12 cities throughout the country.

Mrs. **Miller.** Excuse me.

Mr. **Rothstein.** So what does that mean?

Mr. **Phillips.** It means you should look—I am not sure that the people who did the judging of that survey are qualified to make that judgment. I think they may have made a big mistake, and they may have made a mistake solely on the basis of not trying to get the information. Were they trying to get the information or were they too busy?

Mr. **Rothstein.** I resent the implication that you are trying to give here, Counsel, which I would like to address. We are not trying to conceal the problem. We cannot cope with the problem if we are going to conceal it and put it under the rug, and I resent that impression.

Mr. **Phillips.** Essentially you did make your own survey, is that correct?

Mr. **Rothstein.** That is correct.

Chairman **Pepper.** You have not made a complete survey; you made a preliminary?

Mr. **Rothstein.** He keeps taking in out of context. You are talking about a survey in which I took a sampling of feedback from teachers and administrators.

Mr. **Phillips.** Would you tell us how that was done? Was this an informal survey? You say feedback, and I am not sure I know what feedback means.

Mrs. **Miller.** Excuse me. While Mr. Rothstein is looking up that information, I would like to make it very clear that you understand the differentiation between the board of public instruction and the staff. Apparently this request was made to the staff, and a copy of the request was sent to Dr. Sheppard. Generally a board member, when he receives a communication, the communication is only sent to one board member.

It is my policy to Xerox it off so that all of the other board members are aware of something that may have been particularly referred to me. And I think this is generally the practice.

However, Dr. Sheppard may have, because we have Mr. Rothstein, may have referred the letter to him, and apparently after considering the request it is obvious that in their judgment this was an inappropriate survey, or not as complete—obviously they were busy. There was a lot of pressure on at the time for academic results, and they were testing.

Mr. ROTHSTEIN. This is the beginning of the school year, and in the middle of standardized testing.

Mrs. MILLER. For the first time Dade County released reading and math scores.

Mr. RANGEL. Mrs. Miller, I can appreciate that, and I, coming from a city like New York, certainly know.

Mrs. MILLER. I want Mr. Phillips to understand when he says "the board" it is not always the board, because this matter of surveys and requests for information is just now becoming knowledge to me.

Mr. RANGEL. But don't you understand, Mrs. Miller, that when the authority of the board is necessary in order to get cooperation in what we consider to be a Dade County survey as to the amount of drug abuse in the schools, if the administrative staff is going to make its own private investigation as to the validity of the inquiry, then certainly the very least that could be done is that this be communicated to the board by its administrative staff.

Mrs. MILLER. Right. I would like to add that if Dr. Burt had—had he wished, he had the right—if he were denied permission to conduct the survey, he had the right to come before the board and request it in public, which he never did. When he was denied the request, he did not pursue it.

Mr. PHILLIPS. He did write to Dr. Sheppard that very strong letter.

Mr. RANGEL. He wrote to Dr. Sheppard, and I have the letter. But, in addition to that, it seems to me, though, he was encouraged by Dr. Endman and the administrative staff, that the administrative staff was going to revise the questionnaire, I assume, following your testimony, to find the type of professional validity they thought it would require. But it seems to me that this involved interviews and the complexity which has been testified to.

Now, it seems to me what the staff, and I refuse to say the board——

Mrs. MILLER. Thank you.

Mr. RANGEL (continuing). What the staff did was to take some informal inquiry of the teachers, whom we all agree are not trained to determine addiction or drug abuse, and that this now becomes the survey agreed to by the staff rather than by the board.

Mr. ROTHSTEIN. Not totally. We took that preliminary survey. We understood that this was not a countywide student survey of addiction. We have feedback from our own personnel which may or may not be realistic. The pencil and paper test, though, is really what was in question, the administering of the pencil and paper test, and what benefits we would derive from it in making this a major priority.

Mr. RANGEL. As it related to the Urban Institute?

Mr. ROTHSTEIN. Right.

Mr. RANGEL. Now, my problem is, and Counsel can help me out of it, that I was under the impression that the Urban Institute was to do a very broad survey on drug abuse, including the school population. Now, you are testifying that the Urban Institute was not charged with this responsibility.

Mr. ROTHSTEIN. No, initially they were charged with that responsibility, but we got the impression, without financial support, I guess we did not touch bases. They went ahead on their own survey and evaluated the treatment and rehabilitation agencies in this county with the $25,000 from the Dade County manager.

Mr. RANGEL. I am missing it again.

Mr. ROTHSTEIN. There was no financial support mentioned at the time that he wanted to conduct this survey.

Chairman PEPPER. Are there any written communications in response to this request from anybody representing the school authorities to anybody else representing the county authorities which made this request?

Mr. ROTHSTEIN. To be perfectly frank with you, we did look for that memo, and we are sure that we followed it up, stating our objections, and we cannot find that memo.

Chairman PEPPER. Very well. I think the facts are very well disclosed. Tell us about this summary evaluation report that you made. How is it made and what did it disclose.

Mr. ROTHSTEIN. OK.

Chairman PEPPER. The one you did make.

Mr. ROTHSTEIN. Twenty-four administrators, and counselors and teachers, all of whom are involved in the drug education program in the county public schools, were interviewed in March of 1972.

Mr. PHILLIPS. You did not say that before in answer to Congressman Rangel's question. Did you tell him this was unreliable feedback? Did you use the word "unreliable?

Mr. ROTHSTEIN. No. No.

Mr. RANGEL. No.

Chairman PEPPER. All right, go ahead.

Mr. PHILLIPS. You did not know how reliable it was, I think was the word you used.

Mr. ROTHSTEIN. Realistic.

Mr. PHILLIPS. Unreliable.

Mr. ROTHSTEIN. Realistic.

Mr. PHILLIPS. In other words, you are talking about the present survey you are just reading from?

Mr. ROTHSTEIN. Yes.

Mr. PHILLIPS. That was unrealistic?

Mr. ROTHSTEIN. I am saying the materials with respect to the feedback we would get from students. The results may differ in terms of perceptions that our administrators and teachers——

Chairman PEPPER. Listen, will you just oblige me by telling me what you did and what it shows?

Mr. ROTHSTEIN. In general, administrators, teachers, and counselor described——

Chairman PEPPER. How many people were inquired of?

Mr. ROTHSTEIN. The sampling consisted of 24 administrators, counselors, and teachers, all of whom are involved with the drug education program in the Dade County public schools.

Chairman PEPPER. Over what period of time was the inquiry made?

Mr. ROTHSTEIN. This was, I believe, over a 6-week period.

Chairman PEPPER. All right, now, go ahead. That was the source of the inquiry, and now what did it disclose?

Mr. ROTHSTEIN. In general, the administrators, counselors, and teachers described the drug situation in the Dade County public schools as a widespread problem that is growing worse. The teachers estimate that the academic achievement of 6 percent of secondary students suffered, especially because of drug usage, and many administrators and counselors estimate from 5 to 10 percent of all secondary students fall in the habitual-user category, and marihuana is by far the most frequently mentioned drug being used by the Dade County youths.

Amphetamines and barbiturates rank second and third, LSD fourth, heroin and sniffing chemical substances ranked last. According to the samples of the administrators and counselors, drugs are being used more outside of the school at weekend parties than during school hours. Almost all of the respondents, however, stated that some students are using drugs in school.

Also, the school environment was named as the most common focus of drug sales.

According to the majority of the administrators and counselors from the sample, drugs are obtained primarily at school from classmates.

Parents are described as the chief source of money through which the drugs are purchased. The drug problem crosses all of the major socioeconomic, religious, ethnic, and sociological boundaries.

Some segments of the society, however, are believed to have somewhat more than their share of the problems.

These are the findings.

Chairman PEPPER. All right, now, then, that is the survey, that is the information you have so far from 24 of your employees who are engaged in this area?

Mr. ROTHSTEIN. Involved in this area, right.

Chairman PEPPER. And you propose to make a real survey and a comprehensive survey in the fall of this year?

Mr. ROTHSTEIN. In cooperation with the State department of health and rehabilitation.

Chairman PEPPER. Yes.

(A summary of the report discussed follows:)

SUMMARY OF EVALUATION REPORT—APRIL 1972

The Dade County School System conducted a preliminary exploratory study to provide background information about the effectiveness of the drug abuse education program.

Twenty-four administrators, counselors, and teachers—all involved in the Drug Education Program—were interviewed in March 1972. In addition, 600 randomly selected teachers completed a questionnaire that dealt with drug abuse. This preliminary investigation revealed the following consistent conclusions:

- The drug situation is a widespread problem that is growing worse.
- Academic achievement of six percent of secondary students suffers because of drug abuse.
- Marijuana is the most frequently mentioned drug by students. Amphetamines and barbituates rank second and third, respectively. LSD ranks fourth, and heroin and sniffing chemical substances rank last.
- Drugs are more frequently used off campus and on weekends rather than during school hours.
- The school campus is the most common locus of drug sales, classmates are the most common source of supply, and parents are the chief source of money for purchase of drugs.

- The drug problem exists within all of the major socioeconomic, religious, and ethnic groups.

According to the survey, the most important factors in reducing drug abuse are felt to be:

- the students' awareness of the negative consequences of drug abuse;
- improvement in parent-child relationships; and
- peer group pressure to resist drug participating.

PROGRAM PLANS

There exists a need to continue developing effective drug abuse preventive education programs to effectively cope with this serious social problem. Educational institutions have only a limited capability to deal with drug abuse prevention because of the larger societal forces which impinge on the problem. Close cooperation with social agencies in the communities such as rehabilitation centers and law enforcement agencies must be part of an effective plan for drug abuse education. This cooperation is essential to the success of this program. However, this program concentrates primarily on the capability inherent in classroom instruction in the public school setting.

Chairman PEPPER. Do you want to read your statement or summarize it? What is your pleasure?

Let us get down to the heart of the matter here and see what you have to say.

Mr. ROTHSTEIN. I will just take some features out. I just want to make some preliminary observations. This society consists of many tobacco smoking, alcohol drinking, coffee imbibing and drug misusing and abusing citizens from all socioeconomic groups. These habits are encouraged and reinforced by the greatest pusher of them all "Madison Avenue." The pursuit of the dollar governs our economy and, as a result, the advertised product that physically and psychologically produces consumer dependency becomes the most profitable.

Recently, one of the popular TV stations devoted prime time to any antidrug education program. The content of the presentation and the message it intended to transmit were adequately treated. However, after investing thousands of dollars for a public interest program, free from advertising, the first commercial after the conclusion of the program promoted the values of a new product, a major tranquilizer.

Drugs properly administered relieve pain, physical or emotional. The number of drug products available by prescription or otherwise, and the overwhelming individual's need for relief from existing internal and external pressures contribute to the misuse and abuse of drugs.

At the present time, federally subsidized committees and two presidential candidates have released reports and expressed strong feelings for legalizing certain drugs. Ask any citizen belonging to alcoholics anonymous, gamblers anonymous, smoke or weight watchers and workaholics how advisable it is to legalize and make easily accessible another potential drug-dependent product.

We live in a world of rapid change, but certain required contracts and basic values persist through the centuries. To remain as an organized national community, appropriate ground rules for human behavior have to be commonly agreed upon. In addition, opportunities must be provided to deal with physical demands and to satisfy psychological needs. Each individual seeks recognition, approval, respect, affection and a sense of self-fulfillment, regardless of our constantly advancing technology and rapidly expanding knowledge.

Art Barker had a very good point. He said to the youngsters, and the youngsters say to each other, "Let's stop playing games, let's stop role playing. Let's feel good about ourselves so we can feel good about others."

I went to the Seed last Friday night with Dr. Sheppard. I made some statements at the open meeting. I said to the youngsters, you do your thing, we will do our thing, and together maybe we can turn the kids off of drugs and on to life.

This is what I said in effect. And when I left there the kids said to me, "Love ya," and I could not respond. I tried to say these words, a basic, primitive emotion, but I could not respond.

Now, my frame of reference is the same as yours. I grew up in the era of rugged individualism, survival of the fittest, getting the other guy before he gets you. I grew up in a white ghetto, and my father was a white slave, which may surprise many people. He was a tenant farmer who worked for a Polish lord, and had to run away because he owned nothing and was constantly abused.

And I cannot, as I said, respond, and that to me is a tremendous weakness when the youngsters say to me, "Love ya," and I can't respond.

Children today have to choose their life styles among three prevailing philosophies. The absolutist position, where behavior is mandated, the relativistic position, in which circumstances dictate the type of response and the hedonistic position, where "everything goes" and "everybody does his own thing." The school, as the durable institution responsible for transmitting knowledge and reflecting and reinforcing the positive values in our society, is one of the last remaining civilizing influences which assist youngsters in clarifying these positions. The other positive institutional force, the typical family, may be a myth, if the following statistics have been reliably collected and confirmed: 54 percent of all teen-age marriages end in divorce; one in three nonteen marriages terminate in divorce; one in four families do not contain both parents; and one in five families have both parents work, leaving their youngsters unsupervised during most of the day.

Drugs are misused and abused in many of our schools, especially at the secondary level. According to preliminary surveys, "Marihuana is by far the most frequently mentioned drug being used by Dade County youths." "Amphetamines and barbiturates rank second and third respectively; LSD ranks fourth; heroin and sniffing chemical substances rank last." Teachers estimate that the academic achievement of 6 percent of secondary students suffers because of drug usage and administrators and counselors estimate that 5 to 10 percent of all secondary students are habitual users.

However, I still maintain that schools do not harbor or generate the drug culture, but that drugs are imported from the community and school people are left to cope with it.

We do not manufacture drugs in the schools, we do not encourage drug taking in the schools. Some of our schools may be marketplaces, or as the youngsters refer to them as drugstores.

I have mentioned that the board has appropriated, with deep concern for this problem, nearly a half a million dollars in the past 3 years, to cope with it.

Chairman **Pepper.** Now, wait. What have they done specifically to to cope with it?

Mr. Rothstein. I believe I submitted a document that covers the 2 years of the programs that we have attempted to conduct, but I will summarize it quickly.

Chairman Pepper. Very well.

Mr. Rothstein. To deal with this critical social problem, the school board in the past 2 years has generously appropriated $350,000. As a result, during the 1970–71 school year, the county launched an intensive drug preventive education program designed to inform students and train teachers in the physical, social, psychological, and legal effects of misusing and abusing drugs. During the 1971–72 school year, pilot programs were conducted consisting of: (1) counselor training directed by qualified psychologists; (2) rap groups operated cooperatively by students and teachers; (3) faculty training sessions conducted by student graduates from local rehabilitation agencies; (4) curriculum materials and guides developed and reviewed by classroom teachers. This is the status of the curriculum guides that 2 years ago were developed for elementary and secondary schools; (5) film presentations conducted by parents.

The Junior League of Women produced a film called Drugs Are Like That, which is now being nationally distributed. They went to the third-grade classes of all our schools.

Incidentally, Dade County is the sixth largest school system in the country. We have over 12,000 school personnel and 235 schools.

These parents went into every third-grade class and while presenting the film conducted an interaction program in each of the 170 elementary schools.

Chairman Pepper. Anything else? Is there anything else you do?

Mr. Rothstein. In summary, I would like to recommend what we have developed, what we call, under the guidance of Dr. Sheppard, a value plan which contains three components—an informational approach, a process approach, and an activities approach.

And if you want me to expand on those, I will.

Chairman Pepper. All right, we would be glad to have you, if you would.

Mr. Rothstein. The document is entitled "Substance Abuse Education Program for 1972–73." We still feel that to attack this problem it has to be a multidimensional approach, and that training of teachers still would have to go on, providing accurate information where appropriate, still has to go on. The process approach—that is the second component is the process approach, adopting the characteristics and the positive features of some of the rehab agencies, of working with the kids in what we call the magicircle concept or the minitrap session in the elementary school, and peer group influence in the secondary schools must be continued.

We do use student graduates.

Chairman Pepper. How many peer groups do you have in the high schools?

Mr. Rothstein. Right now we have seven secondary schools utilizing the service of student graduates from local rehabilitation agencies.

Chairman Pepper. How many groups do you have in the high schools?

Mr. Rothstein. When you say peer groups—I am talking about youngsters working with youngsters. Now, this is still in its embryonic stage, and in Coral Gables, where you heard from Mr. Gissen, that was actually one of the initial groups. We have several others.

Chairman **Pepper**. All right, go ahead.

Mr. **Rothstein**. And the activities approach where we provide an x amount of money for the secondary schools to expand their enrichment and extracurricular activities. In addition, we have 28 community schools. Schools geographically distributed where we provide training for teachers in drug abuse education and where we provide courses for parents and students.

Chairman **Pepper**. Do you refer any students who are found to be using drugs in the schools to any institution?

Mr. **Rothstein**. Right. All right. Let's look at the three elements that came up in the past 2 days. You have your court system, you have the school system, and you have your rehabilitation agency system. We would think that an ideal situation is when the resources of the school have been exhausted, and when the alternatives of the court system have been exhausted, that we have agencies that we can refer youngsters to. This book, which is put in the hand of every school guidance counselor, contains all of the rehabilitation agencies in Dade County, their rationale or philosophy, and where they are located, and who the administrator is.

We also have guidelines for our school personnel.

Chairman **Pepper**. Would you refer any students that have been using drugs in the schools; do you refer them to any particular rehabilitative agency?

Mr. **Rothstein**. Yes.

Chairman **Pepper**. How many have you referred in the last year?

Mr. **Rothstein**. I am sorry, I do not know the numbers.

Chairman **Pepper**. Aren't you in charge of the drug program for the school system?

Mr. **Rothstein**. This is one of my responsibilities. I am supervisor for health and physical education from eighth to 12th, and I have the countywide drug education program as one of my responsibilies.

We have a county coordinator for drug abuse and four to six people on the team. This constitutes the task force.

Chairman **Pepper**. Are you in constant contact with all of these people, and the teachers and the principals?

Mr. **Rothstein**. I devote at least 50 percent of my time or more to this particular activity.

Mr. **Phillips**. Could I understand that, again? You say there are how many employees that are actually involved in this drug program?

Mr. **Rothstein**. We have a full-time county coordinator who works out of my office and we have four teachers who are on special assignment, which is being expanded to six next year. Presently four teachers on special assignment are assigned to six districts.

Mr. **Phillips**. So you have five people, and that is the total educational program, five persons?

Mr. **Rothstein**. They are the team personnel in the program, that is the team.

Mr. **Phillips**. Those are the persons being paid with this $127,000 that has been appropriated?

Mr. **Rothstein**. No. Last year it was $100,000; this year it is $127,000 or $128,000, and this figure includes VD education.

Mr. Phillips. So, in addition to the responsibility for drug education they also have a responsibility for veneral disease education.

Mr. Rothstein. Right.

Mr. Phillips. What was your responsibility prior to being assigned to the drug program?

Mr. Rothstein. A health and physical education direction, K through 12.

Chairman Pepper. And you are a gym teacher, yourself, gym instructor?

Mr. Rothstein. No. Of the 20 years of experience I have had in this profession, 16 years have been at the teaching level, seven have been in physical education, three in guidance counseling, two as school administrator, and the rest are divided among other subject areas.

Mr. Phillips. So, your major responsibility, as I understand it, is health and physical education?

Mr. Rothstein. Yes.

Mr. Phillips. And what actually do you do in that area? Do you supervise anyone, or what is your function in the physical education area?

Mr. Rothstein. In terms of physical education I am responsible for reviewing the regular, ongoing programs. To some extent I am on call for problems in these particular areas. By necessity I cannot visit every school in terms of evaluating their programs. I touch bases with practically every health-related agency in this county. For example, another responsibility that I have is to see that 30,000 youngsters are immunized before the fall so that they can be admitted to school.

Mr. Phillips. So, you have in addition the responsibility for immunization against smallpox?

Mr. Rothstein. No, there are five, rubella, rubeola, polio, and so forth. I also coordinate a very intensive sports program, countywide, which has to do with eight different sports.

Mr. Phillips. That is year 'round?

Mr. Rothstein. Year 'round.

Chairman Pepper. Mr. Rothstein, what is the policy of the school board of Dade County relative to drug abuse in the schools; and secondly, what is the program of the administrative authorities in the school system of Dade County to deal with it? What are the obligations, what are the instructions to the teachers and the principals at hand?

Mr. Rothstein. Well, we have a book entitled "Guidelines."

Chairman Pepper. Just summarize it for use if you will.

Mr. Rothstein. Well, it was given, I think, at the afternoon meeting at Drew Junior High when the three levels in terms of drug education, drug suspicion, and drug selling was concerned. The policy guidelines are in terms of referring students to the principal, of contacting parents, or calling in school security.

These are well laid out. Every school has these guidelines and they are, I assume, familiar with them.

Chairman Pepper. Well, what are they?

Mr. Rothstein. What are they?

Chairman Pepper. Just tell us. You are the head of the program. What are they?

Mr. Rothstein. Well, the drug education program I briefly summarize and describe.

Chairman **Pepper.** I do not care about drug education at this moment. You have already covered that. Now tell us what do you do with children that have drug abuse or addiction in the schools? What do you do?

Mr. **Rothstein.** If a youngster is using drugs, is found or is suspected of using drugs, we ask a teacher to refer him to a counselor. The counselor makes the judgment of whether this situation is serious enough.

Incidentally, we do not have privileged communication. Some States do, like Connecticut. We do not have privileged communication. According to the State attorney's office he said as follows:

> There is no violation of law for a child seeking help to admit to using drugs; therefore, it is not necessary to report this information to law enforcement officials.

No. 2, possession or sale of drugs is definitely a violation of law and must be referred to the appropriate school authority, which is the principal. So, if a youngster is suspected we can refer him to a counselor, and he makes the decision of whether to go beyond that. If he is selling, et cetera, which is a violation of law, he is referred to the principal, who calls in school security and contacts the parents.

Mr. **Phillips.** Is that a guideline or is that an instruction that has been adopted by the board of education?

Mr. **Rothstein.** This is, yes. This booklet was adopted, and part of the guidelines are in this booklet, approved by the board.

Mr. **Phillips.** May I see that? I have never seen that.

Mr. **Rothstein.** Yes. These copies have to do with student disruptions, also.

Mr. **Phillips.** They deal with student disruptions?

Mr **Rothstein.** And other matters related to that.

Mr. **Phillips.** When were they adopted?

Mr. **Rothstein.** I believe in 1971.

Mr. **Phillips.** Could you direct me to what particular page that involves?

Mr. **Rothstein.** Yes. I think it was either page 11 or 12. I am not sure. It is page 21.

Mr. **Phillips.** This is drug abuse education at page 21? We are asking you what do you do with an addict?

Mr. **Rothstein.** Just read on, please.

Mr. **Phillips.** I am reading page 21, which is entitled "Guidelines for Schools Involvement in Drug Education," and it deals with three levels.

Mr. **Rothstein.** Yeah. Read it.

Mr. **Phillips.** General education, and second—student suspect——

Mr. **Rothstein.** Right, and the next one is selling.

Mr. **Phillips.** Oh, I see.

Mr. **Rothstein.** In defense of the administrators, when they attempt to exert discipline they have civil and criminal suits thrown at them. We have a circuit judge here that fined one of the administrators and gave him a verbal lashing for suspending a youngster for tearing up a classroom and disrupting a school.

Mr. **Rangel.** What has that got to do with drug abuse?

Mr. **Rothstein.** No; I am saying, I was just talking about——

Mr. **Rangel.** I am not being facetious.

Mr. **Rothstein.** No. I am just getting over the picture. I am saying in defense of administrators and the way they operate and conduct their operations, sometimes they are gun shy or leary and they have been snapped at tremendously when they try to impose discipline.

We have a group of lawyers in this town, and judges, who constantly claim that our school dress code, and our school code of behavior is unconstitutional and that we cannot maintain it. We cannot maintain a code of dress nor code of behavior.

Chairman PEPPER. Well, have they interfered with your dealing with the drug problem? Have any of the courts interfered with that?

Mr. ROTHSTEIN. I am trying to say these things are impinging on the whole school system.

Chairman PEPPER. Mr. Rothstein, would you be kind enough to kindly relate to us just only to the drugs? We are not concerned about dress and a lot of these other things. Other people are concerned. We are trying to find out just how effectively the school authorities in Dade County are recognizing and dealing with what Dr. Sheppard has described as a problem of epidemic proportions, and what your own preliminary survey has shown as a very serious matter.

Now, we want to know what you are doing about it, and if you are not doing enough, can the Federal Government perhaps help with a Federal program. And we have got to get information.

Mr. ROTHSTEIN. Sir, could I ask one question in reference to this?

Mr. MANN. No. Let me and then you may.

Mr. ROTHSTEIN. Yes.

Mr. MANN. Mr. Chairman, we have been talking about the necessity of establishing discipline in the schools. I think Mr. Rothstein's remarks are most appropriate with reference to the attitude and spillover, and the problems that they encounter in attempting to enforce discipline, and in any area that has a bearing upon ability to enforce discipline in the drug area. So, I submit that what he has said is pertinent.

Chairman PEPPER. Very well. Go right ahead.

Mr. ROTHSTEIN. I just wanted to respond to something that is puzzling me and has for many years, as an educator, and that is we spend millions and millions of dollars on rehabilitating the skid-row alcoholic, and the drug addict who represents less than 10 percent of our substance abuse problem. Our audience is in preventive education. We have 240,000 students. You can add up all of the students that the rehabilitation and treatment agencies handle, and it would not add up to 4,000 students, or 4,000 people, and at any one time.

Now, I have a great respect for Mr. Barker, and I think he is doing an excellent job, an outstanding job. In 2 years he has handled 2,000 students, which is a massive thing.

We are talking about a quarter of a million people, a quarter of a million youngsters. This is our audience, and we do not get a penny.

Chairman PEPPER. Have you had any interference by the courts in any aspects of your drug treatment program, handling the drug problem in the schools?

Mr. ROTHSTEIN. No.

Chairman PEPPER. Very well.

Mr. Mann, have you questions?

Do you want to submit the rest of your statement, Mr. Rothstein, or do you wish to conclude reading it? Which is your pleasure? We would like to have it in the record.

Mr. ROTHSTEIN. Well, I can give you a copy.

Chairman PEPPER. Do you want to read the rest of it, or what is your pleasure?

Mr. ROTHSTEIN. Well, OK.

Chairman PEPPER. We all have copies of it here.

Mr. ROTHSTEIN. OK. Could I say one thing in summary?

Chairman PEPPER. Yes.

Mr. ROTHSTEIN. This pertains to the statement. This whole presentation will be an exercise in futility if funding from the Federal level for drug education programs in the sixth largest school system is not forthcoming. The taxed members of this community have generously subsidized this program in the past, but their capability limit has been reached, and it would be unfair to expect more without requesting the Federal Government to contribute its fair share.

To date, the Dade County school system has not received one penny of Federal money to combat this problem.

This is our appeal. The citizens of this community pay Federal taxes. Miami is the No. 1 drug traffic port. The need for preventive education, rehabilitation, and treatment for drug misusers and abusers is desperate. The question remains, will we receive our fair share from the Federal level for resolving this critical social problem?

Chairman PEPPER. Mr. Rothstein, the Federal Government has been appropriating, in my recollection, several million dollars a year to aid in a drug education program. Now, you have had a drug education program. Are none of those funds that go into that educational program from the Federal Government?

Mr. ROTHSTEIN. Not a penny.

Chairman PEPPER. None whatsoever?

Mr. ROTHSTEIN. No.

Chairman PEPPER. Have you applied for Federal aid?

Mr. ROTHSTEIN. We have submitted proposals to the State department of education for the past 2 years, which have not been funded.

Chairman PEPPER. But have you applied to the Federal authorities?

Mr. ROTHSTEIN. No.

Chairman PEPPER. Well, we thoroughly agree with you that we have got to have Federal help to put an effective system into being, and this is what we are concerned about.

Any questions, Mr. Mann?

Mr. MANN. Thank you, Mr. Chairman.

Mr. Rothstein, what curriculum changes have been implemented, or what changes are being studied with reference to your phase of your program which would promote value education?

Mr. ROTHSTEIN. I believe one of the statements I made in the summary was that we need a balance with the three R's, reading, writing, and arithmetic, with responsibility, reality and right versus wrong, which I still believe exists. Value education I do not think can be taught or indoctrinated. I think value education can be done by example. We are supposed to make our curriculum relevant. We use the word "humanize" which means our curriculum may require revamping, but I want to make that point, that we are not in the business of entertainment, that we are a discipline, and we intend to maintain it as a discipline. We strive very hard to stimulate the curriculum. We would hope in terms of value education that these many rap sessions and peer group counseling techniques will provide an opportunity for youngsters, as well as teachers, to relate better.

Mr. MANN. Has the parent-teachers' association, or related parent groups, become involved in this problem of value education, family unit preservation, other than just as a police force?

Mr. ROTHSTEIN. Well, I mentioned before the Junior League of Women, many of whom are parents and are part of the PTA who volunteer their time to go into the elementary schools and make these presentations, accompanied by the film "Drugs Are Like That."

Mr. MANN. But there is no massive program being conducted by the school system to communicate with parents concerning the problems that exist in the schools with reference to discipline, or drugs, is there?

Mr. ROTHSTEIN. Well, we have our PTA's which, of course, Mrs. Miller may know more about. But, the 28 community schools provide a good vehicle for this purpose, because the philosophy of the community schools is to be totally responsible or responsive to the needs of the community, and they offer courses from astrology to bridge, to what have you. This is a communication device. I do not think we have a formal communication device unless Mrs. Miller is aware of one.

Mrs. MILLER. Yes. I would like to make two points.

There is a county council of PTA, and I am sorry that there is no representative appearing here. But, they have always stressed the importance of the family unit, and in their local PTA's I know practically every school has had some kind of a PTA drug program.

Now, how many parents showed up I cannot testify to.

I would like to make another point that I think you gentlemen should be aware of. Practically all of our secondary schools today are on second shifts. That means most of our secondary pupils only go to school for half a day. So, when we talk about afterschool activities and involvement, we are just kidding ourselves because most of these children, half of our school population, is out of the school at 12:30 or 1 o'clock, and the other half is free until 1:00 and is in school until 5:30.

So, they have many, many free hours, at which time they are not supervised. And when we talk about involving them we do not even have the facilities for them to be involved.

One of the things I am working on now is a compilation of all of the parks near the secondary schools and requesting METRO and the various municipalities to try to run some kind of park program to keep these children involved while they are not in school. But almost half of our secondary school population is, at least for half of what we would ordinarily call the school day, free, and I think this is one thing that could be aggravating this problem.

Mr. ROTHSTEIN. I could mention one point on that. We have over 30,000 youngsters involved in our intramural programs which take place after the schoolday, and we have over 5,000 involved in our interschool competitions, athletic team competitions. I am not talking about varsity, I am talking about interschool competition which does not come under the jurisdiction of the high school athletic association.

Mrs. MILLER. They are doing the best they can, but the point is we are short hundreds of millions of dollars worth of facilities. We just do not have breathing space for our children.

Mr. MANN. Thank you.

Chairman PEPPER. Mr. Rangel, have you any questions?

Mr. RANGEL. Yes.

Mr. Rothstein. I know that you took exception to many of the inferences which were drawn out of the testimony in front of this committee. And certainly it seems as though the boards of education and staffs throughout the country seem to believe that what we are saying in relation to the drug problem in the schools is that the teachers and the staff are responsible. We are not saying that. We are finding something, that teachers and staff are certainly not on the front lines in terms of identifying the problem.

I am not being critical of you for being critical of the Federal Government for not providing more money, without even coming forth with a proposal; we have the same thing with the city of New York. It seems to me that there is a tendency for teachers not to want to get involved.

Now, perhaps there are reasons for it. You were talking about the courts being severely critical as teachers attempt to discipline in the area of clothing, and as my colleague pointed out, perhaps all of these are reasons why teachers are not certain just how clear and how far they can go in identifying what in many cases comes from abuse and leads to a crime, and may involve the constitutional rights of the kid. But, it seems to me somewhere along the line, Mr. Rothstein, that we cannot continue to pass the buck. We do find a vacuum as it relates to the various boards of education coming forth and admitting to having the problem and at the same time saying that it is not their problem, that they want help.

Mr. ROTHSTEIN. I guess, naturally, we are defensive to some extent. I think probably the point you are making is extremely valid. But, I want to just mention and indicate to you that teachers cannot be all things to all people. We expect them to be full-time educators. We cannot expect them to be full-time social workers, full-time psychologists, full-time policemen. They do this part time, anyway.

I think the schools are your last civilizing influence in the society, and if you do not support them and back them up there is nothing out there that is left.

Mr. RANGEL. How can you back up a board of education—and I have to say board because you are the voice of staff—how do you back them up when they would rather say they have no problem? I have in front of me a report which was returned from one of your junior high schools to this committee which estimated the extent of drug use at 3 percent.

Now, just what can you do for that principal? Can you review his proposal with any degree of validity as he tells you that he needs $100,000 for a drug program but has got only a half a dozen kids involved?

Mr. ROTHSTEIN. We have 240 schools. Each school has a different problem. It is possible that we have schools in this county who are practically drug free. I question it, but it is possible.

Mr. RANGEL. You know, in New York City we had a report made to the New York City Health Department of some six kids who died from overdoses throughout the city of New York, and we wondered where the other 100 kids came from who died of overdoses. I agree that your problems are complicated but——

Mr. ROTHSTEIN. No; but we are willing to cope with them, is the point I am trying to make. We are willing to accept, we are not going to back down. We are going to fight. We are fighters, and I am representing the school system in that respect.

Mr. RANGEL. Don't you believe this committee has been of great assistance to you, now, and more parents should believe that you have got big problems in your schools? When you go out to your board and ask for money, when you write the Federal Government and ask for money, we at least are saying that from the testimony we received, your school as well as other school systems, are in a lot of trouble.

But, we just cannot help people who say that the problem has been grossly exaggerated, especially when the proposals we receive are asking for large amounts of money.

Mr. ROTHSTEIN. The value of this committee here just cannot be measured. It is indefinable, and difficult to place a value on the different opinions of the various segments of the population. I have been in this business a long time, and this all was a learning experience. While it was going on it reinforced some of the convictions that I have, and it made me stop and review some of the convictions that I formerly had.

Mr. RANGEL. Well, please believe, Mr. Rothstein, that this committee is trying to help, that when we report back to Congress with the benefit of all the testimony we will be receiving throughout the United States, I hope we will be able to get some type of proposal together using the multimodality. We do not have the answers. But we hope that by doing this throughout the country that you will not believe that Dade County had been singled out nor should my board in New York City believe that it was singled out. What we are trying to point out is that it is a national problem.

Mr. ROTHSTEIN. Mr. Rangel, I have looked through the Federal specifications. I may have missed it, but I cannot find where we can plug into a preventive education program for the moneys that are being appropriated in the past 2 years. I cannot find it.

Mr. RANGEL. Well, it seems that even that in and of itself would be a valid complaint and could assist us in getting the type of legislation we need to have in order to do it. You may be right.

Thank you, Mr. Chairman.

Chairman PEPPER. Excuse me just a minute. Mr. Rothstein, I think you are absolutely correct in respect to treatment and rehabilitation. It is shocking that the Federal Government or the States, evidently, have not provided any funds in that area. I did think that the Federal Government had appropriated $20-odd million altogether, which seems to be the figure that I recall in drug education, and a lot of the films and a lot of materials that have been put out over the country were partially funded by the Federal Government. But, we are not here defending the Federal Government. We are trying to find out what needs to be done, and we will do our best to provide the assistance you need.

Mr. ROTHSTEIN. Mr. Pepper, we have a special team, a special department, to go through all Federal specifications, and we cannot find it.

Chairman PEPPER. The next time you try one of these Federal requests, I wish you would let me know about it.

Mr. Fascell?

Mr. Murphy?

Mr. **Murphy**. Thank you, Mr. Chairman.

Mr. Rothstein, you said something interesting a little earlier that caught my attention. You said, you went to the Seed program and one of the young members said to you, "Love ya," and you could not respond back. You could not find it within yourself. We had that same difficulty. In fact, one Member of Congress who is not with us today, said as he left the hearings yesterday that it took him 2 days to bring himself to say it, and I think that, in a small way, reflects this whole business of the drug problem.

Mr. **Rothstein**. This is the generation gap.

Mr. **Murphy**. That is right. I think from my studies in Vietnam concerning the alleged drug abuse in the Armed Forces that we have got to come to grips with reality. Reality is that we have a serious drug problem. Maybe the young people are trying to tell us something and we are not listening. Maybe it is because over the years we have learned not to listen, and I think that statement by you, not only concerns you, but also concerns me, and I hope that we will all start listening.

And now, as I said, there is no one panacea for this problem. There is the multimodality, as it is called, approach to this problem. We all have to search, and we all have to find our way.

Mr. **Rothstein**. I think there are three elements that we can go with and that is a court system, a facility, and a school system, working together.

Mr. **Murphy**. The important thing, too, is people like yourself who appear before the committee and tell of your experiences which will enable this committee to go back to Congress to work out the areas you feel need assistance through Federal funds. We appreciate your efforts, and thank you for your testimony here.

That is all I have, Mr. Chairman.

Chairman **Pepper**. Mr. Mann, do you have any further questions?

Mr. **Mann**. Thank you, Mr. Chairman.

Mr. Rothstein, you referred to a court system, and a rehabilitation facility, and a school system. There has been some discussion of the involuntary civil commitment arrangement. Do you believe that a mechanism could be set up in the school system to take advantage of an involuntary civil commitment arrangement without benefit of the court?

Now, if you will give me that one off the top of your head I have another one along the same line.

Mr. **Rothstein**. I heard Dr. Anderson's testimony yesterday and I subscribe 100 percent to it. I do not think that the schools are set up or geared to provide a rehabilitation site or agency or center. I think it should be divorced from the school system. I think it should be supported by the community, State, or Federal resources. We do our thing, they do their thing, and the courts do their thing. But, let us do it together.

We cannot, I do not think, ask our educators to go beyond their capacity or else we are deceiving ourselves.

Mr. **Mann**. All right. What do you think of the idea of a conditional suspension? As it is, a suspension that you have for a week, or 2 weeks—they go off and get stoned for a couple of weeks. What about a requirement that they enroll in a rehabilitation system before the school accepts them for return to school?

Mr. **Rothstein.** If that is the problem, I think that is an excellent idea.

Mr. **Mann.** Is there any reason that the school system cannot do that of its own initiative?

Mrs. **Miller.** May I comment on that? Listening to these areas as broad—you know, I have been thinking through philosophically whether the school system should consider compulsory, rehabilitation just as we have compulsory attendance laws, that our children must attend school, and now what do you do with a child that you find on the road, where we know that the only two alternatives we have now are, or up until recently, have been suspension, which is not working, turning them over to the authorities where jail could be a good alternative, you know, good possibility.

Now, Congressman Mann said the other day you run into the problem of constitutional rights, but I would like to think through, or have you think through whether school systems should have the authority for some sort of compulsory attendance at a rehabilitation center in lieu of compulsory attendance in the school.

Mr. **Mann.** Well, the involuntary civil commitment system of which we speak, as it exists in New York, for example, would permit any person, not a parent, but any person to apply to the appropriate civil authority.

Mrs. **Miller.** Including a school system?

Mr. **Mann.** Including a school system, including a teacher, or guidance counselor or someone designated for that purpose in the school system.

Mr. **Rothstein.** You say this is going on now?

Mrs. **Miller.** You think this is going on now?

Mr. **Mann.** It is going on now, but not being very extensively used, but the power does exist in New York, for any citizen.

Mr. **Rothstein.** Is it effective?

Mr. **Mann.** Well, Mr. Rangel could answer that better than I. It is not effective because it is not being used. The Board of Education of New York City does not have a sterling record, as far as their attention to the drug problem.

Mrs. **Miller.** And, of course, we have, then we run into the problem of who is going to administer this particular place that we are going to refer children to. Would it be the responsibility of the school system? Is it a State agency, is it a community agency, or private agency?

It is different when we recommend that they go, and there is quite a difference between saying yes, we will let you go, and saying we will compel you to go. Then it would be our responsibility to run it.

Mr. **Mann.** The other question would be, who would have the option, who would determine what type of facility and what type of a suspension and what type of a commitment. And it is something I think the school system, itself, is best adapted to utilize, and perhaps oversee, but nevertheless to utilize. I do not say either the suspension—and I am referring you, and do not come back unless you enroll in the system—that that will necessarily work. You have to get the parents involved and some motivation for them to come back to school.

Chairman **Pepper.** Mr. Keating, do you have any questions?

Mr. **Keating.** Just very briefly. I know we are running behind.

There is one on this "Summary of Evaluation Report." You indicate that academic achievement in 6 percent of the secondary students suffers because of drug abuse. What does that mean?

Mr. Rothstein. Well, that does not refer to dropouts, does it?

Mr. Keating. I do not know.

Mr. Rothstein. Is that active students? Could you read that over?

Mr. Keating. On the "Summary of Evaluation Report" dated April 1972, there are two paragraphs and there is one statement and the second statement just simply says "Academic achievement of 6 percent of secondary students suffers because of drug abuse."

Mr. Rothstein. I assume their reaction was in reference to the fact that youngsters are not properly performing up to the limit of their ability.

Mr. Keating. So?

Mr. Rothstein. As a result of drug involvement.

Mr. Keating. So what you are saying is that of the students who abuse drugs, academic achievement of 6 percent of those are suffering?

Mr. Rothstein. Right.

Mr. Keating. Is that correct?

Mr. Rothstein. Their performance, yes.

Mr. Keating. Their performance.

The survey you are going to take in the fall, is that a State-funded survey, or are they providing the funds for it?

Mr. Rothstein. The State department of health and rehabilitative services has developed it essentially and will be supplying us with the necessary paraphernalia to administer it.

Mr. Keating. How long would you say that drugs have been a problem in schools in this county?

Mr. Rothstein. Since the Beatles came on the scene, I think, about 6 years ago. You know, it is funny that I drew that as a frame of reference, because since then all of the lyrics of the songs, except maybe Wayne Newton's "Daddy, Don't You Walk So Fast," are all laced with either sex-oriented or drug-oriented lyrics. You know, the third ear of the teenager is a transistor radio, because I have two teenagers and I am fully aware of this fact.

Mr. Rangel. I can say that the Beatles never hit Harlem, but drugs did.

Mr. Mann. An interesting comment on that—I was in Brazil in January of this year, and they date their problem of drug abuse to American movies that came down there about 6 years ago.

Mr. Keating. So you would say that it started about 6 years ago, at least, where it became noticeable? How long have you had drug abuse under your jurisdiction, or your position if you were not filling that position?

Mr. Rothstein. I came aboard in the summer of 1970, and I know there are many preliminary plans and curriculum material developed from 1968 to 1970. So I would say the inception was probably during 1968.

Mr. Keating. You mentioned in your statement, if it was in your statement or read it, that the school authorities or liberals failing all across the country, and there are multiple reasons for that I am sure, and I would not want to oversimplify that, but do you not think that people are trying to tell us something when we cannot pass an income tax levy for a city, or we cannot pass a tax levy for the school board? Do you not think they are trying to give us a message that maybe we are not doing what they want, or getting the job done, in their eyes? Don't you think that is some part of it?

Mr. ROTHSTEIN. This is a very valid point because society and the community is requesting more of us and supporting us less. What should we attribute it to? Obviously, in some cases the public has lost confidence in the school system, and the reasons for it are manifold.

Mr. KEATING. I am not attacking the school system because it applies to cities as well, but I do think that is right, they have lost confidence. And sometimes I think that they lost confidence because we do not communicate, those of us in public office or in the boards of education do not communicate the problems to them. We do not say "Hey, look, I am using the school as an example now and hey, look, we have a very serious drug problem," and we do not have, vis-a-vis, the financial resources where we can do so many things.

Now, this is such a major problem that we have to apply so much of our financial resources to this area of drugs, not drug rehabilitation, and I agree that should not be done in the schools, but in the way of detention, counseling, getting them out to those programs that could help.

But, this is an example, I think, of maybe where people read about crime in schools, and they read about extortion, and I do not know, I am not indicating it exists here, but we have heard about it in New York. The drugs exist here and they exist in almost every community across the country, and are we really communicating that to the people except saying we have 90 percent or 80 percent, or are we involving the school administration, are we involving the teacher, and are we saying this is what the administration is doing, and this is what the teachers are doing, or what they are not doing, or this is what the union is doing or not doing, and this is what the parents are or are not doing, and what law enforcement is willing to do and is not doing? I think this is the way. This is my idea of developing confidence in the system that you work for and I work for.

Now, a lot of people know what we are doing and they are just plain saying that we are failing in these areas.

Mr. ROTHSTEIN. This is a weakness of many large systems. We can all benefit by improving communications to our consumers.

Mr. KEATING. And saying "Hey, we have got a problem and maybe we have had it for 6 years, and we really have not come to grips with it, and maybe we should. We have made some mistakes but we need your help."

Mr. ROTHSTEIN. In addition to my other responsibilities, I and my associate have made in the past 2 years about 25 to 40 presentations to parent groups, civic groups, professional associations, and anybody that invites us. We are perfectly willing to serve on any panel to improve communications.

Mr. KEATING. You know, I think at some point we have to bring the parents into the school atmosphere. When a parent has a child involved in drugs, bring them in and make them face up to the situation.

I have used more time than I should.

Mrs. MILLER. I think Dr. Sheppard made a point that most parents, until it actually hits them just do not want to admit that there is a possibility that their child could be involved in drugs. I think that the school principals, too, in a sense, did not want to admit this was happening in their schools, and I will also say the school board members, because nobody really was aware of the magnitude of the problem.

And I want to thank this committee, really, for bringing this to our attention, and hopefully to the public. I am sure you do not want to make us the whipping boy, and I am sure you are here to help us. We cannot, we cannot do it alone, and we are a part of the society, but we do have a responsibility.

Chairman PEPPER. Mrs. Miller and Mr. Rothstein, we want to tell you that we did not come here, just as we did not go to New York where we found many deficiencies that we observed, to be critical or in any way to disparage you or discredit the great work you have done.

We have had great sympathy with the problem of the school authorities. You do not have the money to deal with the problem, you do not have the personnel, you do not have the facilities, and the truth of it is we hardly know what to do, anyway, even if we had all of it because it is a very, very challenging problem.

Now we do think that it is appropriate for the public to expect the school authorities to know the facts and to give a high priority to ascertaining the facts about drug abuse in the schools.

And secondly, I do think it is appropriate for the public to expect that the school authorities, who are more than anybody else in this area concerned with the welfare of these children who are in their care, to come and tell the parents, and tell the public of the seriousness of the problem and the need. If the legislature is not helping you, if the Congress is not helping you, tell the word about it, as it were. Go before the legislative committees, go before congressional committees, go to the press, to the media, and say this grave problem is not being adequately met by those that we have to depend upon for our sources of help.

And I think if you will take that position of leadership—just as you would do if you had an epidemic in the schools, or if you needed school buildings, or you needed more teachers, you would go out and tell the parent—you will find more cooperation and success.

Mrs. MILLER. We need all of those things, too.

Chairman PEPPER. We want to say to both of you that you have been very helpful to us and we thank you. We will try to be helpful to you.

Thank you.

We will recess and try to be back here by 2:30 because we have a number of witnesses in the afternoon.

(Thereupon, at 1:50 p.m. the hearing was recessed, to reconvene at 2:30 p.m. this same day.)

(The prepared statement of Mr. Rothstein and the reports referred to follow:)

PREPARED STATEMENT OF HY ROTHSTEIN, CONSULTANT, HEALTH AND PHYSICAL EDUCATION, DADE COUNTY (FLA.) PUBLIC SCHOOLS

Before proceeding, I would like to caution the distinguished members of this committee, that I do not intend to veil this presentation with flowery language and statistical data. Instead, the facts related to the overall drug abuse scene, as I perceive it, will be submitted impartially with the understanding "let the chips fall where they may."

First, some preliminary observations. This society consists of many tobacco smoking, alcohol drinking, coffee imbibing and drug misusing and abusing citizens from all socioeconomic groups. These habits are encouraged and reinforced by the greatest pusher of them all "Madison Avenue." The pursuit of the dollar governs our economy and, as a result, the advertised product that physically and psychologically produces consumer dependency becomes the most profitable.

Speculate for a moment, what would happen to the effective functioning of our economic system if the coffee break was eliminated? The impact would probably be more devasting than a national power black-out. How could business meetings and social events be conducted without the presence of alcohol? Where would the physicians treating lung ailments practice if cigarette smoking was eliminated?

Recently, one of the popular T.V. stations devoted prime time to an anti-drug education program. The content of the presentation and the message it intended to transmit were adequately treated. However, after investing thousands of dollars for a public interest program, free from advertising, the first commercial after the conclusion of the program promoted the values of a new product, a major tranquilizer.

Drugs properly administered relieve pain, physical or emotional. The number of drug products available by prescription or otherwise, and the overwhelming individual's need for relief from existing internal and external pressures contribute to the misuse and abuse of drugs.

At the present time, federally subsidized committees and two presidential candidates have released reports and expressed strong feelings for legalizing certain drugs. Ask any citizen belonging to alcoholics anonymous, gamblers anonymous, smoke or weight watchers and workaholics how advisable it is to legalize and make easily accessible another potential drug dependent product.

We live in a world of rapid change, but certain required contracts and basic values persist through the centuries. To remain as an organized national community, appropriate ground rules for human behavior have to be commonly agreed upon. In addition, opportunities must be provided to deal with physical demands and to satisfy psychological needs. Each individual seeks recognition, approval, respect, affection and a sense of self-fulfillment regardless of our constantly advancing technology and rapidly expanding knowledge.

Children today have to choose their life styles among three prevailing philosophies. The absolutist position, where behavior is mandated, the relativistic position, in which circumstances dictate the type of response and the hedonistic position, where "everything goes" and "everybody does his own thing." The school, as the durable institution responsible for transmitting knowledge and reflecting and reinforcing the positive values in our society, is one of the last remaining civilizing influences which assist youngsters in clarifying these positions. The other positive institutional force, the typical family, may be a myth, if the following statistics have been reliably collected and confirmed: 54% of all teen age marriages end in divorce; one in three non-teen marriages terminate in divorce; one in four families do not contain both parents; and one in five families have both parents work, leaving their youngsters unsupervised during most of the day.

Drugs are misused and abused in many of our schools, especially at the secondary level. According to preliminary surveys, "marijuana is by far the most frequently mentioned drug being used by Dade County youths." "Amphetamines and barbiturates rank second and third respectively; LSD ranks fourth; heroin and sniffing chemical substances rank last." Teachers estimate that the academic achievement of 6% of secondary students suffers because of drug usage and administrators and counselors estimate that 5 to 10% of all secondary students are habitual users.

However, I still maintain that schools do not harbor or generate the drug culture, but that drugs are imported from the community and school people are left to cope with it. To deal with this critical social problem, the school board in the past two years has generously appropriate $350,000. As a result, during the 1970–71 school year, the county launched an intensive drug preventive education program designed to inform students and train teachers in the physical, social, psychological and legal effects of misusing and abusing drugs. During the 1971–72 school year, pilot programs were conducted consisting of (1) counselor training directed by qualified psychologists; (2) rap groups operated cooperatively by students and teachers; (3) faculty training sessions conducted by student graduates from local rehabilitation agencies; (4) curriculum materials and guides developed and reviewed by classroom teachers: (5) film presentations conducted by parents and (6) student initiated and directed projects. The intent of these activities was to explore and evaluate the value of these programs for generating an anti-drug culture in the schools.

Since there are an insufficient number of qualified therapists and the need for emphasizing value education skills and rational decision making techniques is an overwhelming instructional need, it has been recommended that additional funds be appropriated for these purposes during the 1972–73 school year. This financial support would establish a program to train a representative from each elementary school in group dynamics to conduct mini-rap sessions and to train a representative from each secondary school to operate peer group counseling programs. Simply stated, emotional education has to receive a similar priority with academic education. The three psychological R's, reality, responsibility and right vs. wrong should occupy an equal position with the three academic R's, reading, writing and arithmetic.

The public is demanding the schools assume the responsibility for correcting all of society's social ills and academic deficiencies and, at the same time, rejecting over 50% of the school bond issues requesting additional financial support.

The following represents a battle plan formulated by the school's adviser for drug education, Dr. Ben Sheppard, to attack the problem at all levels and involve every member of the community:

1. Establish a county-wide advisory committee consisting of authorities from the fields of medicine, law, education and social work, the decision makers in the various county and municipal agencies, and representatives from various rehabilitation programs.
2. Examine the reasons why many youngsters do not become drug involved and determine the present extent of the drug abuse problem through professionally conducted surveys.
3. Identify available resources and seek additional financing for establishing and supporting working relationships with concerned individuals and agencies.
4. Expand the number of community schools providing courses and opportunities for youngsters and parents to participate in meaningful educational programs. Adopt the slogan "the family that learns together stays together."
5. Adequately finance the objectives of the county-wide school drug preventive education program on a 12 month basis. Drug takers do not terminate their habit during the vacation periods in July and August.
6. Support a radio or television program related to community health problems, featuring authorities in the various professions, and relying on audience participation.
7. Advocate legislation encouraging the rehabilitative aspects of drug involved children instead of the single alternative of incarceration.
8. Enlist the local media to recruit youth leaders and promote programs involving youngsters in constructive activities which include developing occupational skills, participating in athletic and cultural events and publicizing community service opportunities.

In summary, the recommended components of the stated battle plan can only be implemented with sufficient financing emanating from the federal government. This whole presentation will be an exercise in futility if funding from the federal level for drug education programs in the sixth largest school system is not forthcoming. The taxpaying members of this community have generously subsidized this program in the past, but their capability limit has been reached and it would be unfair to exact more without requesting the federal government to contribute its fair share. To date, the Dade County school system has not received one penny of federal money to combat this problem.

This is our appeal. The citizens of this community pay federal taxes. Miami is the number one drug traffic port. The need for preventive education, rehabilitation and treatment for drug misusers and abusers is desperate. The question remains, will we receive our fair share from the federal level for resolving this critical social problem?

A Report on the Dade County (Fla.) Public Schools' Substance Abuse Education and Training Program

(By the Division of Instruction, October 18, 1971)

I. INTRODUCTION

Identification of the problem

The magnitude of the substance abuse problem in a large urban community such as Dade County is difficult to measure with any degree of precision. It must be acknowledged that available statistics are often unreliable. They frequently fail to distinguish between the addict, hard-core user, occasional user, and one-time experimenter, and they do not reveal quantity, quality, frequency, or variety of drug abuse. However, there are sufficient gross indicators—arrests and convictions for drug abuse, deaths caused by an overdose of drugs, addicts' voluntary submission for treatment—to cause the general public, as well as physicians, law enforcement officials, and educators, to identify substance abuse as a critical community-wide problem in Dade County which appears to be growing in magnitude each year.

In order to develop better data than is now available, the Dade County Public Schools, in cooperation with Metropolitan Dade County, will conduct a substance abuse survey among school-age youth during this school year. Because of the limited validity of such surveys, hard data on drug abuse will not become available after the results of the survey are compiled. The analysis will give only a better indication of the severity of the problem than that which is now available. The development of educational programs to deal with this social problem cannot wait for better statistical evidence. The problem is in the community; the exact extent of the problem will probably never be known. Educational programs must be developed, financed, and implemented.

School system's response

In recognition of the school system's obligation to combat substance abuse, the School Board appropriated $250,000 in August 1970 to develop and implement an intensive program of substance abuse education. An additional $100,000 was appropriated for the 1971–72 school year to maintain and expand the program, which has been developed by the school system's Division of Instruction.

The Dade County Public Schools' comprehensive substance abuse education program, initiated in the fall of 1970, has been designed as a multiyear, long-range effort with two major phases: Phase I, a facts-oriented program, and Phase II, a program of counseling and value education. The program meets the requirements of the Florida state legislature's Drug Abuse Education Act of 1970. It establishes an extensive countywide education and teacher training program designed to begin to meet identified needs for substance abuse education in the community, not only for school-age youth but also, through the community schools, for their parents and other concerned citizens. During the past two fiscal years, the Dade County school system, without special state or federal funds, has allocated $350,000 to finance the substance abuse education program in the school system. In addition to these special appropriations, a proportionate part of regularly allocated funds has supported substance abuse education efforts in ongoing programs in social studies, science, health, guidance, and counseling.

Dr. Ben Sheppard, presently a School Board member, a licensed practicing physician and a former juvenile court judge, has acted as special consultant for the countywide Substance Abuse Education and Training Program since its inception. Five professional staff members, a coordinator, and four teachers have been employed to provide full-time coordination and support for the implementation of the comprehensive substance abuse education program.

II. THE SUBSTANCE ABUSE EDUCATION PROGRAM: PHASE I, FACTS ABOUT DRUGS

During the 1970–71 school year, Phase I of the comprehensive substance abuse education program was initiated in the Dade County Public Schools. The goal of this phase of the program was to provide appropriate experiences related to substance abuse education for all pupils, kindergarten through grade twelve. These experiences were designed to provide every pupil with factual information related to drugs, appropriate for his age and level of maturity, and to alert him to the consequences of the misuse of drugs. The goal of reaching every student necessitated the development of a massive in-service program which would provide teachers with the information and methods needed to implement the instructional program.

During 1970–71, special attention was given to developing intensive programs for grades four, five, six, seven, and ten. During the 1971–72 school year, continued emphasis is being given to facts-oriented programs in these grades, and an increased emphasis is being placed on programs for the other grade levels.

Where discrete courses in health education exist in the curriculum, such as in the elementary and senior high schools, substance abuse education has been treated in three-to-five-week units of study. In addition, substance abuse education has been correlated at all grade levels with science, or incorporated into other subject areas, such as social studies and physical education. This procedure guarantees that all grade levels in elementary, junior, and senior high schools receive instruction in the dangers of substance abuse.

The support program

To support Phase I of the substance abuse education program, the following steps were taken:

1. Materials Purchased and Distributed:

(*a*) A substance abuse kit was produced and distributed to all teachers in the Dade County Public Schools to enable them to acquire the essential facts related to the legal, medical, psychological, and physiological implications of substance abuse. Twelve thousand informal kits were packaged and distributed during the fall of 1970. Additional kits for new teachers are being distributed during October 1971.

(*b*) Supplementary curriculum materials have been distributed to all schools. A drug display kit, filmstrips, and films, valued at approximately $50,000, were purchased and disseminated during 1970–71. It is estimated that an additional $5,000 of multimedia materials will be distributed to update existing resources in the schools during the 1971–72 school year. A resource guide, containing instructional guidelines, a list of speakers, a list of available audio-visual materials, a list of approved rehabilitation agencies, and other relevant information, was developed and distributed to each teacher during 1970–71. An updated resource guide for 1971–72 has also been received by each school.

2. Instructional Materials Written and Published:

(*a*) Eight learning activity packages to provide self-instructional programs for children in the fourth, fifth, sixth and seventh grades were written by school system personnel and have been published by the Dade County Public Schools. These forty-to-seventy-page pupil books deal with marijuana, LSD, hallucinogens, barbituates and tranquilizers, narcotics, amphetamines, volatiles, and use and misuse of drugs. During the 1971–72 school year, two additional learning activity packages on the topics of tobacco and alcohol will be published and distributed.

(*b*) A student handbook and teacher's curriculum guide have been developed for each of the three levels, elementary, junior high, and senior high. These guides have been developed for the use of teachers who are not expert in drug abuse education.

3. Staff Development Programs Designed and Implemented:

(*a*) As part of Phase I of the substance abuse education program, an extensive in-depth staff development program to train drug resource teachers was initiated in 1970 in each of the community schools. One staff member in each elementary school, two in each junior high, and three in each senior high were identified to be the drug resource teachers for their schools. These teachers were given compensation for participating in a sixteen-hour in-service program conducted after school hours.

(*b*) The 298 trained resource teachers had the responsibility for coordinating a faculty in-service program in their respective schools. This five-hour program included the use of a series of five telecasts, with related materials. As a result, every faculty in Dade County received during 1970–71 at least minimal in-service training in substance abuse education.

(c) The training program will continue during this school year. In the month of October 1971, each principal whose trained resource teacher is no longer on his faculty will identify a new teacher to receive training. The substance abuse resource teachers in each school will be responsible for training those teachers in the school who are new to Dade County.

(d) During 1971–72, for the second consecutive year, Florida International University, as regional coordinator of Dade, Monroe, and Collier County Drug Education, will be cosponsoring and financing a substance abuse workshop for instructional personnel in those counties; the workshop will feature authorities in the field of chemical dependence.

The facts-oriented phase of the county's substance abuse program will be maintained and expanded during 1971–72 and subsequent years as Phase II of the program is implemented.

III. THE SUBSTANCE ABUSE EDUCATION PROGRAM: PHASE II, VALUE EDUCATION

Phase II of the comprehensive drug abuse education plan for Dade County emphasizes the development of communication skills and techniques in group dynamics for teachers, counselors, and other personnel. Through the use of outside consultants, working in a staff development program, counselors and other key personnel will be trained in the principles of group dynamics, discussion leadership skills, and the methodology related to the development of value education. As part of this emphasis, plans are being completed to provide for "rap sessions" with youth and parents in each of the twenty-seven Dade County community schools.

Trained counselors in each senior high school will assume the responsibility for implementing a "teen-involvement" program. Through this program, students in the senior high schools will participate in an anti-drug program by making presentations to fifth and sixth grade elementary school students. The counselor on the high school faculty who has been identified as the teen coordinator will conduct training sessions in his school once a month for all students participating in the teen-involvement program. These meetings will provide basic information to the program participants and provide the counselor with an opportunity to receive feedback from the students on the progress of the program. The counselors will coordinate the activities of high school students in the elementary schools receiving service. Through "teen-involvement" it is anticipated that both the high school and elementary school students will develop deeper insights into the danger of drugs.

During the 1971–72 school year, a pilot program creating a "rap facility" in selected secondary schools will also be initiated. The substance abuse teachers on special assignment in the six subdistricts of the school system will, in cooperation with district directors and school principals, select one junior high school in which a rap facility will be developed. The purpose of this pilot program will be to determine the feasibility of creating an informally organized, drop-in facility within a junior high school to which students may go to participate in group and individual counseling sessions on an informal basis.

Support program

To support Phase II of the comprehensive substance abuse program, the following staff development opportunities will be made available on a countywide basis during the 1971–72 school year.

1. In-depth staff development courses designed to give teachers with knowledge of the principles of group dynamics an opportunity to update their knowledge and develop new skills.
2. In-service training provided by authorities in the field to enable counselors to refine their communication techniques for individual and group counseling.
3. Penny Parade Foundation, a private philanthropic organization, and the Dade County Public Schools are cooperatively planning a program for updating group dynamics skills of selected secondary school counselors. The foundation will donate the service of a team of specialists to support the program.

Cooperation with outside agencies

The consultant and the coordinator responsible for the countywide effort in substance abuse education have been, and intend to be, involved in the numerous oral presentations and demonstrations for civic groups, business organizations, professional associations, and public school functions.

Since the services of representatives of various rehabilitation agencies and treatment centers are utilized for school assemblies and classroom programs, communication is maintained with these groups. During the forthcoming school year, cooperative efforts with community groups such as the Kiwanis Club, the Comprehensive Health Planning Council, the Miami Crime Commission, the Inter-Agency Council, the Dade County Medical Association, the American Red Cross, the Inter-Agency of Public Health, the Greater Miami Coalition, and other concerned agencies and individuals will be continued to increase the effectiveness of existing programs in drug education.

Additional funding resources

A number of attempts have been made to obtain federal funds to help support Dade County's substance abuse education program. However, national priorities have channeled available funds to support identification and treatment programs for military personnel in Viet Nam, for community treatment programs, and for university-based training programs in the United States. Very limited federal funding has been made available to state and local education agencies for preventive educational efforts. Although it passed the Drug Education Act of 1970, the Florida legislature did not provide additional funds to counties to assist them in developing program design, securing or preparing instructional materials, or implementing in-service training. Dade County has had to rely very heavily on its local resources to accomplish this.

In an effort to secure funds, the school system recently submitted a proposal, *Community Education Project for Drug Abuse*, to the United States Office of Education under the guidelines of the Federal Drug Abuse Act of 1970 (P.L. 91–527). Unfortunately, this proposal was not funded.

In addition, a proposal has been submitted to the Social Security Administration to fund, under Title IV of the Social Security Act, a program which will place counselors in nine community schools to provide personal counseling, referral service, and programs of leisure-time activities for youth.

Continued efforts will be made to secure from any available source—governmental or private—funds to expand Dade County's substance abuse education program.

The Dade County school system is committed to continued intensified efforts to provide those programs and services which will combat the growing problem of substance abuse in our community.

UPDATE 6—A SPECIAL BACKGROUND REPORT FROM DADE COUNTY PUBLIC SCHOOLS—A SYSTEM COMPRISED OF 6 GEOGRAPHIC DISTRICTS

WHAT'S NEW ON THE DRUG SCENE

It's youth to youth as Dade County Public Schools move into Phase II of their system-wide drug education program—teenagers training as counselors . . . young people who have escaped the hook sharing their experiences . . . students leading rap sessions . . . kids telling kids: drug's aren't the answer.

During the past two years the Dade school system, without state or federal financial aid, has allocated $350,000 to finance the program.

Phase I was the nuts-and-bolts period. During the 1970–71 school year instructional materials were produced for all grades, kindergarten through 12, and a massive in-service training program created drug resource teachers for all of the county's 234 schools and special centers.

Phase II, for the 1971–72 year, emphasizes the development of communications skills and techniques in group dynamics for teachers, counselors, and other personnel, with the accent increasingly on youth. "Teen involvement" is the watchword.

Following is a rundown on various new projects under way in the county's six school districts and in the community schools program.

SOUTH AND SOUTHWEST DISTRICTS

Counselors from all 17 secondary schools in these two districts are beginning an intensive training course that marks the first major project underwritten by the Penny Parade Foundation, Inc., a non-profit organization founded this year in Dade County by philanthropist Lewis S. Rosenstiel to combat drug abuse through education.

Nov. 9 was the first session of a 10-week, 30-hour course entitled "Human Relations Program for Educators in Youth Awareness and Drug Abuse Prevention." The training staff is made up of five professionals from the foundation and from Cedars of Lebanon Hospital's Institute of Human Relations, which presently is providing individual and group psychiatric treatment to some 400 patients a week. The training team:

Dr. Dean G. Elefthery, executive director of Penny Parade Foundation; Dr. Jonas Kaye, psychopharmacologist who is research director of the foundation; Dr. Arthur Stillman and Dr. David Liberman, Institute of Human Relations staff psychologists; and Mrs. Doreen Elefthery, a specialist in psychodrama.

"This is only the beginning of a long-term plan of attack," Dr. Elefthery explains. "If this experimental training program is as successful as we think it's going to be, we are prepared to extend it through the entire school system."

There is also new activity at the elementary level in the South and Southwest Districts. Mrs. Wanda McDaniel, the district specialist here, has a committee of teachers and other volunteers working up a coloring book to teach primary youngsters about dangerous substances that can be found in the house.

SOUTH CENTRAL DISTRICT

Students are being trained as volunteers to staff counseling offices.

"Our emphasis in the secondary schools is on peer group counseling, which is the trend throughout the country," says Mrs. Anita Sommer, visiting teacher now serving as the district drug specialist.

A seven-week training program is under way at Coral Gables Senior High for 15 students and 12 teachers, conducted by Kenneth Schrage, director of Dade House, one of the residential facilities operated here by Spectrum Programs, Inc., and Mrs. Shirley Hagen, counselor at Miami-Dade Junior College South Campus.

"The students are being taught the skills and techniques of the good listener. They won't be able to solve problems but they will be able to give proper advice and to serve as a referral source for students with drug problems," Mrs. Sommer said.

Similar programs are in the planning stages at Miami Jackson and Miami Senior High.

NORTHEAST AND NORTHWEST DISTRICTS

Group sessions are being held in four secondary schools by a team of "graduates" (young people who have graduated from abusing drugs to become paraprofessionals in the field of drug counseling) from Here's Help, Inc.

Here's Help, whose name derives from Honest Education Leading to Prevention, is a community-supported agency in North Miami. The group is being paid a modest fee ($40 a week) by the Division of Instruction to conduct an eight-week program in Carol City Junior and Senior High and Norland Junior and Senior High.

The Help leaders are working with small groups of no more than 30 students; they hold morning and afternoon sessions two days every week in each school in collaboration with one or two staff counselors or teachers. As explained by John Kross, program director:

"We are trying to reach drug abusers rather than drug addicts.

"Here the individual has a chance to relate his past experience and his problems to others, while the group leader keeps the train of conversation in a positive direction. We will be striving to attain three goals—to teach the realities of drug abuse, to help the individual develop a valid self-liking and respect so he won't have the need to give in to the pressures of his peers, and to help the individual terminate his drug usage, if any."

The demand for this kind of Help far exceeds the scope of the present program. When screening interviews were held to select the students who would participate at Carol City Junior High, 150 prospects showed up.

In mid-December the program will be reviewed to determine how it can be improved, how it can be expanded, and where the money is coming from.

NORTH CENTRAL DISTRICT

A drug education project has been launched in seven elementary schools to stimulate the pupils to attack the problem with their own ideas.

A variety of individual and group undertakings are already under way, including an original play, a home-made film, display kits, posters, and workbooks. The projects will be completed early in February and displayed in a local shopping center, according to Eric Robinson, the district drug specialist.

Participating schools are Arcola Lake, Blanton, Drew, Lakeview, Liberty City, Morningside, and Young.

"The most effective way to involve elementary children is to get them to express their own attitudes toward drugs," said Robinson. He hopes other elementary schools will adopt this approach.

At the secondary level, a workshop entitled "New Directions for Secondary School Counselors" is being conducted for 11 weeks with sessions of 3½ hours each week. Instructors are Dr. David Rothenberg, clinical psychologist, and Dr. Donald B. Clark, campus psychologist and acting chairman of the Counseling Department at Miami-Dade Junior College South Campus.

COMMUNITY SCHOOLS

Community schools, which are geared to meet the educational and recreational needs of their neighborhoods, are a natural battleground in the war on drug abuse. Dade County Public Schools presently operate afternoon and evening programs in 26 community schools, and funds have been earmarked for two new ones.

Last year, in Phase I of the drug education program, the community schools were largely concerned with gathering information and training drug resource teachers. This year, the community schools are offering advanced training to approximately 60 public and private school teachers who will become drug counselors and, in the words of Consultant Walter B. Weyant, Jr.:

"We are seeking the actual involvement of students and parents in discussion of their problems, and how to solve problems related to the drug scene."

Eight-week courses are being conducted by Miami Palmetto Senior High and Norland Junior High Community Schools by experienced instructors from Genesis House.

"We are training counselors in the techniques of working with students in groups. In the past we found that it was mostly the goody-goody kids who showed up for rap sessions on drugs. The ones who really needed help stayed away. Now we will select a dozen of the people we are training and use them as informal drug counselors in the community schools: they will move into established groups—whoever they are, wherever they are." Weyant said.

A federal grant is being sought to expand the drug abuse education program in the community schools. A $208,000 proposal has been submitted to the State of Florida Health and Rehabilitative Services.

Afternoon Session

Chairman Pepper. The committee will come to order, please.

This morning the committee acknowledged the presence among us of some of our distinguished officials. We are pleased to note the presence of another of our distinguished officials who is here with us this afternoon. He has done an excellent job as the head of the criminal division of the office of the U.S. district attorney and has, therefore, come very much into contact with this whole problem, and the problem is related to judges, Mr. Neil Sonnett.

Mr. Sonnett, we will be glad to have you come and make any statement you would like to make before the committee.

STATEMENT OF NEIL SONNETT, HEAD, CRIMINAL DIVISION, OFFICE OF THE U.S. ATTORNEY, SOUTHERN DISTRICT OF FLORIDA

Mr. Sonnett. Thank you very much, Mr. Pepper, and gentlemen.

My purpose for being here really is a limited one. With regard to the field of law enforcement, I know that your hearings have been extensive, and that you have received opinions from many quarters with regard to the drug problem.

I do have an opinion to offer with regard to a change in the laws regarding the sale of hard narcotic drugs, something that I have felt very strongly about for a number of years and which I thought I had a responsibility to make known to you.

By way of background let me just reiterate, as you mentioned, I have served for the 5 years, until my resignation recently, as Assistant U.S. Attorney for the Southern District of Florida, and for almost 2 of those years as chief of the criminal division.

We have been heavily involved in the prosecution of narcotics cases, and my office handled several of the largest narcotic cases in the history of this country. We handled the largest heroin case and the largest cocaine case, and perhaps the most valuable seizure of heroin in the history of the United States.

Prior to the passage of the Control Dangerous Substances Act of 1970, we had had a system of statutes that provided minimum, mandatory jail sentences for persons convicted of either smuggling or stealing hard narcotic drugs. My experience as a prosecutor indicated that to be a great tool, and a great deterrent.

With the passage of the 1970 act, the minimum mandatory sentencing provisions were deleted from the law. I have seen the difference that it has made. And my purpose in being here today is to urge you gentlemen to consider using your good offices to urge the Congress of the United States to reinstitute such penalties. I think that is particularly important in light of the recent Supreme Court decision with regard to abolition of the death penalty. I have always felt that the minimum mandatory jail sentence was a great deterrent to crime, not only in the field of narcotics but in other fields, as well.

We know from some of the intelligence information we had during my period of time as a prosecutor that there were major dealers in field of narcotics that had either halted their drug activities, or gotten out of the drug business altogether because they were aware of the fact that if they were arrested and convicted, that their sentence would be one that carried with it no probation or parole.

The old statute provided for a minimum, mandatory jail sentence of not less than 5 years nor more than 20 years, with no provision at all for probation or parole. I feel very strongly that that sentencing provision ought to be reinstituted, particularly in the field of drug abuse with regard to either the smuggling or the sale of hard narcotic drugs. It is a tremendous deterrent. It puts pressure on the pusher far better than some other methods of enforcement, and I think it can act as a great deterrent to the field of drug abuse in this country today.

I was greatly disturbed to see this deleted from the 1970 act. I have had extensive conversations with officials from the Justice Department, and many of them were, as I was, disappointed to see it deleted. And I wanted to be here this afternoon to urge you, and to offer my opinion in this field, to reinstitute minimum mandatory sentences.

Chairman Pepper. Thank you very much, Mr. Sonnett.

Mr. Mann, any questions?

Mr. Mann. No, thank you.

Chairman Pepper. Mr. Keating?

Mr. Keating. I was very interested. You feel, in these minimum mandatory sentences, that is is essential, and you feel that this has influence in all fields, not only as it applies to narcotics?

Mr. Sonnett. I believe the minimum mandatory sentences are a greater deterrent than any other sentencing tool because there is a certainty of punishment that the criminal faces. The death penalty, of course, had not been used in most parts of this country for a long time. There was always the hope that the death penalty would not be given in capital cases. Life sentences, we know, make you eligible for parole at a ridiculously short period of time.

Minimum mandatory penalties, there is no judge or parole commission to circumvent.

Mr. Keating. Do you feel this would be a good deterrent in the use of guns, if there would be minimum mandatory jail sentences for anyone committing a felony with the use of a gun?

Mr. Sonnett. I most definitely do. We have the Federal statutes that contain that in some areas. For example, armed robbery of the post office carries with it the minimum mandatory 25 years in prison, whereas unarmed robbery of the post office does not. You do not read about too many armed robberies of post offices.

I think part of the reason—and I have prosecuted a couple of them—part of that reason is because of the nature of the sentencing provisions. I think it would be a tremendous deterrent to institute a system of sentencing whereby any crime that is committed with a weapon carries with it a minimum mandatory jail sentence.

Mr. **Keating.** I have to agree. Thank you.

Thank you, Mr. Chairman.

Chairman **Pepper.** Thank you very much, Mr. Sonnett, and we appreciate your being here.

Mr. **Sonnett.** Gentlemen, I appreciate your courtesy in letting me appear before you.

Chairman **Pepper.** Thank you very much.

Mr. Counsel, will you call the first witness?

Mr. **Phillips.** Yes, Mr. Chairman.

Lt. Alan Richards is the next witness.

Lt. Alan Richards is presently with the Dade County Public Safety Department, Organized Crime Bureau, Vice and Narcotics Division.

Noting the yearly increase in the rate of drug abuse cases, Lieutenant Richards explained the police department's difficulty in educating the public. Seminars and forums were uncoordinated and students did not relate to visiting police officers, lawyers, or doctors. Moreover, the drug orientation program developed for parents generated little interest or success.

Will Lieutenant Richards come forward, please.

STATEMENT OF ALAN RICHARDS, LIEUTENANT, PUBLIC SAFETY DEPARTMENT, ORGANIZED CRIME BUREAU, VICE AND NARCOTICS DIVISION, DADE COUNTY, FLA.

Mr. **Phillips.** Lieutenant, I believe you have a prepared statement for us?

Mr. **Richards.** Yes, sir. For the most part I would like to read from the statement.

Chairman **Pepper.** I think it would give us an appropriate basis for questioning.

Mr. **Richards.** First I might cover the scope of the problem as we in the Dade County Public Safety Department view the drug problem in Dade County.

The public safety department first became aware of the increasing trend among school age persons to be involved in drug usage in late 1967. This coincided with the creation of a narcotic squad within the public safety department and the resultant information developed, coupled with an increase in teenage arrests. The foregoing indicated a growing interest of junior and senior high school students into experimentation with the commonly called "soft" drugs. In the calendar year 1968, 122 persons under 18 years of age were arrested on drug charges alone. Records do not indicate persons arrested on multiple charges where only the greater crime is listed for FBI reporting purposes.

Now, when I indicate drug charge alone, what I am talking about are those charges that were counted from arrest forms under the FBI uniform crime reporting system, the only crimes that we account for are the most serious crimes via the reporting system; therefore, if we were to arrest somebody on a charge of burglary, and at the same time he had heroin in his possession, the only charge appearing on the statistical record would be burglary, and there would be no indication of heroin whatsoever, or narcotics.

Mr. PHILLIPS. Has that been changed, or is that still the case?

Mr. RICHARDS. No, it is still in effect, and I have brought some graphic illustrations we will see in a few minutes that will show some trend toward this.

I am going to skip the passage on education and not get involved in it unless you would like me to go into it. I think it has been covered this morning.

Mr. PHILLIPS. We will incorporate that part of your statement in the record.

Chairman PEPPER. Without objection it will be included.

Mr. RICHARDS. During the period in which adequate methods were being sought for education, the abuse of drugs continued to grow rapidly. As drugs became more plentiful and consequently less expensive, pushers organized underlings to sell drugs while enforcement tended to remain fragmented and uncoordinated.

Drugs moved from the back of hippy "head" shops and "crash" pads into the school parking lots, restrooms, and nearby lunch counters. Importation was no longer dependent upon the "hippy" cult. Now junior and senior high school students were taking weekend motor trips to Mexico, or student pilots rented planes for trips to Jamaica where large amounts of drugs were bought for a relatively meager sum.

As an example, $25 worth of marihuana in Mexico would reap a profit of $225 in Miami. I believe the current feelings of the Bureau of Narcotics and Dangerous Drugs is that we are getting in the south Florida area daily approximately 1 ton of marihuana from Jamaica alone.

One 18-year-old paraplegic was grossing an estimated $4,000 per month through the sale of LSD which he purchased in Texas and secreted in his hollow crutches. He was arrested four times on related drug charges, convicted once, and has been out on appeal since 1970.

By the year 1972, public safety department arrests rose to 491 for drug offenses alone for persons under 18 years of age. This is a 302.5-percent increase. Although the soft drugs—marihuana, hallucinogenics and hashish—remain the largest drugs of abuse among this age group, barbiturates, amphetamines, and other substances—sopors, MDA, et cetera—have also risen commensurately, from 28 arrests in 1968 to 157 arrests in 1971, or an increase of 17.8 percent.

Mr. Blumenfeld, if you will turn that chart over?

Mr. PHILLIPS. I think that is a typographical error, that increase in percentage would be something like 500 or 600 percent.

Mr. RICHARDS. I believe you are right. It is.

This first chart is a depiction of arrests in 1968 through 1971 and it shows a yearly percentage of increase. As we have already explained it, from 1968 and 1969 of 49.2 percent, 1969 to 1970 was 171.7 percent, and from 1970 to 1971 there was an additional almost 30-percent increase.

Mr. PHILLIPS. From your view, those facts would evidence a substantial increase in the use of drugs by young people?

Mr. RICHARDS. Well, not necessarily, because in 1968 we had in the public safety department a four-man narcotic squad, and by 1971 we had gone up to almost 12 or 13 people. So, what happens, of course, the more you get involved, the more cases you are able to make, and the more arrests you are going to make, and this chart No. 2, we broke it up into opiates, marihuana and other substances for the first 4 months only of this year, from January through April.

I think it is self-evident that our biggest problem is marihuana. In March alone we had 64 arrests and in April we dropped down to 37.

The only significant decrease we find is in April, the opiates dropped from six arrests to one arrest, and again let me emphasize we are talking only about Dade County Public Safety Department, which is one of the 25 or 26 local police agencies in Dade County. I do not have any statistics of what any other agency in Dade County is doing.

This, of course, is hand-in-hand with our problem of enforcement on a local level.

Mr. PHILLIPS. Tell us, approximately, the percentage or volume of criminal work that your particular department handles in this county?

Mr. RICHARDS. I am the supervisor of the vice and investigation section of our organized crime bureau, public safety department.

In the organized crime bureau we maintain 20 narcotics investigators, and that is all they do; narcotics investigation, primarily geared to the sale of drugs.

Mr. PHILLIPS. What percentage of the entire criminal picture in Dade County does your particular police force cover?

Mr. RICHARDS. Well, there are only five or six police departments in Dade County that maintain narcotics units, so the public safety department is responsible for narcotics enforcement in the entire unincorporated area, which I believe is something like 2,600 square miles, plus all of the cities that do not maintain narcotic units, plus the cities that have narcotic squads but their local agencies are too well known, so that the only people they can effectively work on are the transient pushers.

When they have local pushers coming back in operation they usually call on our people to go in to work undercover in their city.

Chairman PEPPER. Mr. Richards, you have given us these figures under the heading of "drug offenses." What kind of offenses are they?

Mr. RICHARDS. As I say, these are strictly arrests for nothing else but drug violations, sale and possession.

Chairman PEPPER. Sale or possession?

Mr. RICHARDS. Right.

Chairman PEPPER. Now, these figures do not include the number of people arrested for robbery, let us say, or burglary to get money to buy drugs?

Mr. RICHARDS. That is correct, sir. This does not include anybody who was arrested for other offenses and were in possession of drugs at the same time, if the other offense was listed as a higher degree by uniform crime reporting classification.

And, of course, according to the uniform crime reporting system, this is the way, so that in effect the statistics would be much higher with the multiple charge, but we do not have any way of determining that at the present time, under our present reporting system.

Chairman PEPPER. But, have you found that a great many offenses are committed by people who are taking drugs in order to get the money to buy the drugs?

Mr. RICHARDS. Yes, sir. There is no doubt in my mind.

Chairman PEPPER. Very good. Go ahead.

Mr. RICHARDS. In the next chart you will find comparison from 1968 to 1971 of the male to female arrests of persons under 18 years of age, and again this is strictly drug arrests, and it ran on an average at the ratio of three to one, three male to one female, specifically.

The next chart we tried to depict the degree of white to black arrests under 18 years of age, and this ran amazingly about 28 to 1 white to black. And in trying to analyze, I think our problem was that up until recently we, and I do not think any other department had effective black personnel to work within the black community to find out really how entrenched drugs were within the black community. It is very difficult for a white agent to work.

Chairman PEPPER. Now, we had some figures the other day, yesterday, or the day before, that in the last period, maybe the last month or two, that the number of blacks exceeded the number of whites that were arrested in connection with drug offenses. Do you recall that? Would you think that might be possible?

Mr. RICHARDS. No. Do you have any idea what relation it was, or what department, or the entire county, or what?

Mr. PHILLIPS. It was the entire county.

Mr. RICHARD. I know nothing of this.

Mr. PHILLIPS. The statistics were the amount of people who were in the Dade County jail.

Mr. RICHARDS. Well, of course, every department puts their felony prisoners in the Dade County jail, but these arrests were made by our department——

Chairman PEPPER. How are your arrests?

Mr. RICHARDS. Our department did not notice any increase in black and white arrests proportions.

The next one is depicting from 1968 to 1971 of total arrests for opiates, marihuana and other related drugs. And the only significant decline is in opiates again because our department, in just arrests for drug offenses between 1970 and 1971 had almost a 53-percent decrease. Of course, the other offenses, and other related drugs are still on the up trend level.

Mr. PHILLIPS. I am sorry, I don't remember anything in the graph that decreased.

Mr. RICHARDS. The first column to the left, opiates in 1971 we had eight arrests.

Chairman PEPPER. It looks like it is going up from year to year, on the prior years.

Mr. RICHARDS. Seventeen arrests in 1970, and this is strictly for people under the age of 18.

Now, total arrests for opiates would be astronomical in dealing with adults. These are people only under the age of 18, from 1970 to 1971 a decrease, right there.

Our department arrested 17 people under the age of 18.

Mr. PHILLIPS. I thought you had the last column, which was 1972 and covered only 4 months. I am sorry. Excuse me. I see your point.

Mr. RICHARDS. Enforcement problems in general, the employment of undercover officers to infiltrate groups or make drug purchases from school-age suppliers has had negative results. Many teenage pushers will sell only to known students in the school environment or at student social gatherings.

It is extremely difficult to install a relatively older looking person into this setting. When arrests are effected for sale of drugs, little affirmative action is taken by the judicial system which would serve either as a deterrent to other offenders, or as a deterrent to the arrestee.

As a result of the aforementioned, the young offender believes if he is convicted of a drug violation, the maximum punishment will be probation and a withholding of adjudication. Dealing in drugs, therefore, has become a dramatic "game" to many youngsters.

If caught, the chance of punishment is small, while among their peers they soar in importance and receive sanctions for their activities.

Since direct drug buys by undercover officers are not usually possible in the school environment, officers have to rely on informants to accomplish the task of identifying and then gathering evidence against the teenage pusher. Inherent problems exist in finding adequate young informants for various reasons:

(*a*) Parental approval is necessary and is very difficult to get;

(*b*) School approval is necessary before we use a student; and

(*c*) Adequate cover and control by bona fide officers is difficult to provide.

If I can go off here, let me explain something that most people do not realize. When we talk about having 20 such men directly assigned to narcotics enforcement, this is not to say because you have 20 investigators you can go out and 20 men investigate at one time. They do not realize that.

If you have 20 burglary investigators, when you come to work in the morning, you assign those people three or four burglary investigations each and turn them loose, and have them go out and investigate burglaries.

This is not true for narcotics investigations. For every narcotics investigation we undertake we tie up from two to eight or 10 investigators to insure that we are going to be able to protect the informant or protect the undercover officer from being injured. So, at any given time that I have talked about having 20 investigators the optimum amount of cases that we have going at any one time is probably three, using the minimum amount of personnel and equipment necessary, particularly on moving surveillance. You should have at least five cars on a moving surveillance to insure you are not going to lose these people, and you are not going to tip off the persons you are following.

So, this is a problem inherent in narcotics work.

Also, of course, the courts are not going to accept very easily the word of one against one, whether it is a police officer, a civilian, or what have you. It is extremely difficult, therefore, to have a policeman go out by himself, buy narcotics, make an arrest, and win a conviction for it.

So, one of the reasons we provide the extra personnel on surveillance or other investigation is so we will have corroboration when we are in court.

(*d*) Few volunteers are available due to our inability to protect the informant when he returns to the school.

If we use a school person from a particular high school to assist us in making a case, this person must return to the school environment when the case is concluded.

At this point, particularly with our court system as it is at the present time, the informant would be identified and, of course, it would result in negative sanctions from his school peers, and possibly bodily harm.

The alternative to this, of course, is if a person helps us, when he is exposed we would have the school board transfer him to another school, but this of course, works a hardship on the student.

So, this is very difficult.

(*e*) We are unable to protect the identity of any informant—regardless of age—after the initiation of court proceedings. When a court asks us to identify this person, you either do it or you lose the case, so we cannot protect the identity of the informant any longer.

Then finally, few informants are willing to testify in court.

Investigations are further hampered by duplicity and general lack of coordination among the various agencies involved in enforcement activities.

I would like to skip down now to what we feel are some of the solutions that are available to us.

(*a*) We feel stronger controls placed on students to assure class commitments are kept. Free periods where students may leave the campus or roam freely throughout the schools should be eliminated. This was already brought up this morning by somebody else who testified. In school when these people are on free periods nobody knows where they are. The teachers do not know where to find them, either, even if there was an emergency. They leave the school grounds and, of course, the areas for bringing the drugs around the school are in the area of parking lots, and across the street, and so forth. So, we feel by placing stronger control when a student comes to school in the morning he should be kept and not be left to roam free at will and go off the campus because he has a good opportunity to go off and buy the drugs and bring them back.

(*b*) Prohibition to releasing or publishing names of arrested juveniles should be eliminated. We see no reason any longer in this day and age why we have to protect the name of a juvenile arrested for a felony violation, particularly a drug violation.

(*c*) Student dealers should be dealt with severely by the courts. And we are talking again not of the student dealer who is just turning one of his friends on to drugs, but the student dealer is like the one we mentioned with the crutches who was making an average of about $4,000 a month dealing to other students. We feel that they should be made an example of to the other students by the court system.

(*d*) Require teachers to attend training sessions to acquaint them with all aspects of drug abuse. And I believe this is being done, from what Mr. Rothstein, I believe his name was, that testified before, and that was to require teachers to attend training sessions. We started this in our department in 1968, conducting a class for teachers, and I think we sent 400 or 500 teachers through these training classes over the period of about 20 years. For some reason or another we do not do this any longer, and I do not know what the reason is.

(*e*) We would like to see quarterly reports required to the school boards from individual schools indicating what their problems are, and what action they have taken with their drug problems so that the school board will have a better idea of what is going on in these individual schools.

(*f*) Develop additional school security personnel and/or specialized juvenile officers to concentrate on school-age drug offenders. I do not believe our school board security has enough investigators devoted to strictly narcotics enforcement at the present time.

(*g*) This is a recommendation we made back in 1969 to the Dade County Grand Jury. At that time, in order to implement this, Representative Pepper's office drew up a sample contract for us. I do not know if you recall this, but that was to encourage creation of a countywide metropolitan narcotic enforcement group. Under centralized control this would result in the elimination of duplicity and fragmented local efforts of an uncoordinated nature, and will allow for greater specialization. No single municipal police agency at the present time in this area has enough diversity of personnel, black, white, Cuban American to do the overall investigation that is required.

I think by pooling these resources, by pooling our equipment under one coordinated effort we can make a large, concentrated effort into drug abuse in this area. This was recommended in 1969. It was brought up before the grand jury, and it was also brought up before the law enforcement advisory board. It was tabled immediately, without any discussion, and has not been discussed since then.

(*h*) Revocation of driver's license upon conviction when vehicle used in furtherance of drug abuse. Now, this has never been relied upon, but these people of school age, schoolaged dealers have automobiles. They are highly mobile, and they do not deal within their own residential area. They move out anywhere within the county, or intercounty, and we think that by conviction, regardless of whether they are put on probation or whether adjudication is withheld, they should have their privilege of driving revoked for a long period of time.

(*i*) I would like to see adopted realistic forfeiture laws patterned after Federal statutes for autos, airplanes, and boats used in furtherance of drug offenses. This should include vehicles bought on credit, where liens exist. Now, if we have a vehicle seizure, the law for the State of Florida is highly inadequate. I think in a lot of these cases they are 18 or 19 or 16 years old, and their whole life, again, revolves around their automobile, and although they know that if convicted they are not going to go to prison, if they stand the possibility of losing these vehicles, and possibly losing their driver's license, we may have a deterrent without putting him in jail.

My final or, well, what was my final solution was something that has been talked about quite frequently this morning. That was the involuntary commitment to drug rehabilitation centers.

I had added one more while sitting back in the room, and it is kind of roughed out, but we are talking about rehabilitation and how to finance all of these rehabilitation programs, and I would like to bring to your attention this fact. To make a narcotics case against a pusher will result in the expense of any where from $30 on a single buy of drugs to several hundred dollars. We may now in the large cases spend several thousand dollars. We rely on the Federal agencies' assistance, and this expense, but in order to get the big purchase of the big portions of heroin, a kilo of heroin or cocaine, it is necessary to spend several thousand dollars.

Considering that we are dealing just with the local pusher, dealing in small amounts of heroin or marihuana, we still spend up to $400, $500, or $600 on a buy, or on the investigation, money that from our investigative funds is just simply lost to the buying of drugs until we get enough information to make an arrest.

At the time of conviction he may be placed on probation. This is not my concern, really, but it is my concern that we are losing this money. I would like to see something done about either requiring these people to either reimburse the investigative agency with their expenses, or if this is found to be unconstitutional, then to fine them a sum equal to the investigative expenses, and use this money for rehabilitation, so in effect we will let the pushers finance the rehabilitation programs.

This is my statement.

Chairman PEPPER. Mr. Mann, any questions?

Mr. MANN. I do not believe so, Mr. Chairman.

Mr. PHILLIPS. Would you tell us what you mean by fragmented and uncoordinated? You said in your statement in the law enforcement they tended to be fragmented and uncoordinated. Could you give us an example of that?

Mr. RICHARDS. Well, there are no central records kept. We have no idea of what or how other agencies may be working or who they may be investigating on.

Here is an example of it: In 1968, we made a series of arrests in downtown Miami, a block away from Lindsey High School. This, at the time was the largest surce of heroin distribution in the Miami area. To reflect on it now, it does not seem like a great amount, but the "lieutenants" who ran this operation were dealing in about 2 to 4 ounces of heroin a day, which they were distributing from this restaurant.

There were somewhere in the area of 20 narcotics addicts hanging around the restaurant, and if you would pull up to go in to make a buy, you could not get to the "lieutenants" because an addict would come up to you on the street and sell the drugs to you.

Now, we conducted the investigation and it took us somewhere around 6 months. At the conclusion of the investigation we arrested on 1 day 19 persons, 14 of these persons for direct sale of heroin, including the "lieutenants," which our investigators were finally able to get to. We made only one buy of an ounce of heroin on each of the "lieutenants."

One of the addicts that kept selling to us, we made eight buys from which means 16 cases. Every time you make a buy for sale it is also a possession case, so we make a sale charge and a possession charge on each deal, so we have 16 charges on him.

The day before we arrested him the city of Miami rounded up something like 20 people. Our addict was one of the people the city of Miami charged, and they charged him with 10 cases of their own. They had no charges on the "lieutenants."

Now, the result was this: We found out from this investigation that five different agencies had been working on this particular restaurant, the Federal Bureau of Narcotics, the Dade County Public Safety Department, the city of Miami Police Department, the Florida Bureau of Law Enforcement and the city of Miami Beach were all working on this.

It got to be so ridiculous that on the second time we went there one of my agents went up to one of the city of Miami undercover agents and attempted to buy narcotics from him. That is how ridiculous it was.

So, as a result, when we went to court, the addict we had, all of the charges on pleaded guilty, and got a 20-year term. All he was was a "junkie" selling heroin to support his habit. Of the two "lieutenants," one was sentenced to 5 years, and the other 7 years, because we got him with a gun charge besides the possession of heroin.

This is what I mean by uncoordinated.

Mr. PHILLIPS. I think that is a very good example of uncoordinated.

I think in your testimony you said you felt the police security force in the schools, which is responsible for policing drug crimes in the schools, is inadequate. Would you elaborate on that, please?

Mr. RICHARDS. Well, I think the gentleman who testified before said something like there are 240,000 students in Dade County, and I believe the school board has only four or five investigators, devoted to strictly drug enforcement. This is a problem on the local level, too. As I say, I have 20 men working with me, and we are dealing with a 2,600-square-mile area. We are not as bad as other agencies. The public safety department has a rather unique setup within ourselves, and that is the 20 people I have working in the organized crime bureau, devote themselves to the investigation of countywide traffic, the pushers that are dealing in ounces, and possibly kilos, and ounces of cocaine and heroin, and hundreds of pounds of marihuana.

This leaves the street level relatively unprotected except for this point: Each of our major districts—we have the largest police agency in the Southeastern United States. We have five major police districts within the county, and four of these districts have their own vice squads.

The investigations we conduct are the type investigations that require a long-term in-depth investigation, that require a lot of manpower, a lot of money and a lot of equipment. The districts' squads are operating on the street level pusher, and will make a "buy and bust" type of investigation, and take the street or residential traffic offenders or the school area traffickers into account.

Now, the city police departments cannot do this. We have almost reached the point where we have a sufficient number of men in subspecialist areas. An example of this is: Up until a few years ago a city may have had one or two people or maybe as much as five people involved in the area of narcotics enforcement. Well, these people did the entire gambit of enforcement.

They interviewed prisoners, they interviewed the would be informants that wanted to work for us. They go out on prescription investigations, they go out and buy drugs, they conduct surveillances for arrests.

An example: One of the most widely known distribution areas of heroin in Miami in 1968, and now, is Flagler Street between the bridge and about 12th Avenue NW. There is a drugstore there at Sixth Avenue and Flagler Street that was widely abusing prescriptions. A city officer may go in there one day and identify himself as an investigator of a prescription case, and the next day go half a block up and try to buy heroin on the street, dressed the same way.

So, we are talking about an area where we have to get into subspecialization. Narcotics itself is a specialization. We should have squads that are working on nothing but drugstores. We should have squads that work nothing but undercover investigations, and the officers do not come to court until 6 months and make so many cases.

We should have investigators that do intelligence after an undercover investigator meets two or three tiers of sellers in an organization and cannot go any further. He can then turn the information over to the intelligence people, and they can work that into a countrywide level investigation to get conspiracy cases and buy cases, which no local agency is really geared to do. We should go into a narcotics juvenile investigative agency, or a group within the narcotics field.

Mr. **Phillips.** You do nothing now in the schools at all, do you?

Mr. **Richards.** The only thing we do in schools now depends upon an informant that will say, "Hey, I can buy from a certain student at this school," and in that case we will try to bring the student away from the school.

Mr. **Phillips.** Why do you do that?

Mr. **Richards.** The chances are that there will be too many people in the school that we have already arrested who may recognize the agent. This is not really critical with our department because, as I say, we have many investigators, but it may be that you only have three to five agents, and they are "burned" out very rapidly, plus they have authority only in the city, and we have authority throughout the county.

Chairman **Pepper.** Mr. Richards, what is the relationship between the law enforcement officials and the school authorities generally in respect to this drug problem?

Mr. **Richards.** If you are talking about our relationship with school security people, it is great. We get along very well with school security, as far as giving information back and forth. They are using our informants and we use theirs.

Our relationship with the hierarchy in the schools themselves, the teachers, the principals, is relatively nil.

Chairman **Pepper.** Is what?

Mr. **Richards.** Is nil. We have very little contact with any school officials unless we institute it. If they find they have a problem we are assuming they go to the school security with it as far as drug pushing within the school. If we find a problem outside of the school that relates to a child, we bring it to their attention, and also to the security department's attention——

Chairman **Pepper.** Are they friendly, in general, to your cooperation, the school authorities? Are they friendly to your cooperation?

Mr. **Richards.** Sir, I really cannot say because we have no dealings directly with them. We deal with the school security.

In 1967, we detailed one of my agents to the grand jury to conduct an investigation of drugs in the schools. We were very disheartened at that time because our agent went around to every senior high school. He was allowed to talk only to deans and principals, and was not permitted to talk to the students, themselves, so at that time we could not make any real conclusion for the grand jury.

Mr. PHILLIPS. What prevented him from talking to the students or anyone else?

Mr. RICHARDS. The school officials were preventing us from doing this. Again, this was back in 1968.

Chairman PEPPER. Now, does every school have a security officer?

Mr. RICHARDS. I do not know, sir. Not as far as narcotics is concerned because again, they only——

Chairman PEPPER. Do you know how many security officers deal with narcotics, that are in the schools of Dade County?

Mr. RICHARDS. To my knowledge, the school board only maintains four or five. Now, as far as we are concerned, we gear our enforcement to the pushers for profit in Dade County, although we realize that there are drug pushers in every school in Dade County, we do not go into the school without having an informant first.

To me it is almost a test of futility to take an agent and stick him in an environment on a speculative basis, hoping in 2 weeks or 3 months he may be able to make a buy. That is just a waste of manpower, energy, and money, so far as I am concerned.

Chairman PEPPER. All right. Thank you very much, Mr. Richards.

(Lieutenant Richards' prepared statement follows:)

PREPARED STATEMENT OF ALAN RICHARDS, LIEUTENANT, PUBLIC SAFETY DEPARTMENT, ORGANIZED CRIME BUREAU, VICE AND NARCOTICS DIVISION, DADE COUNTY, FLA.

SCOPE OF PROBLEM

The Public Safety Department first became aware of the increasing trend among school age persons to be involved in drug usage in late 1967. This coincided with the creation of a Narcotic Squad within the Public Safety Department and the resultant information developed, coupled with an increase in teenage arrests. The foregoing indicated a growing interest of Junior and Senior High School students into experimentation with the commonly called "soft" drugs. In calendar year 1968, one hundred twenty-two persons under eighteen years of age were arrested on drug charges alone (records do not indicate persons arrested on multiple charges where only the greater crime is listed for F.B.I. reporting purposes).

The need for educating the population became apparent and since few other sources were available, the police undertook the task. Seminars and forums were given in school, before civic groups, and via the news media. For the most part, programs given by various departments were vague, unrealistic, contradictory and uncoordinated. Students were unable to relate to police officers due to the authority symbol and obvious age difference. The age of peer group pressure was upon us, and we found teenagers more willing to accept advice from informal group leaders of their peer group than from the so called "establishment". Attempts by doctors and lawyers to conduct drug awareness programs also met with frustration. Feedback from teenagers, in an effort to determine program effectiveness, showed the response was basically the same. Of programs carried on by police, teenagers viewed us with distrust and threats to their freedom of choice. In lawyer oriented programs, the threat of jail for transgressors tended to be the dominating theme. The rationalization of the youth seemed to be a willingness to spend two years in jail rather than face two years in Vietnam. In programs given by medical groups, the teenagers invariably felt the underlying message related to the acquisition of venereal disease by all persons involved in drug usage.

Realizing the futility of addressing our programs to youth, we turned to adult and parent groups. It didn't take long to realize that adults were virtually uninterested unless their child was directly affected, which, of course, was time for rehabilitation, not enforcement. An example of this is a seminar planned at a local high school in which three-thousand announcements were sent home via students some three weeks prior to the event. Less than one-hundred persons attended, and over half were teenagers.

During the period in which adequate methods were being sought for education, the abuse of drugs continued to grow rapidly. As drugs became more plentiful, and consequently less expensive, pushers organized underlings to sell drugs while enforcement tended to remain fragmented and uncoordinated. Drugs moved from the back of hippy "head" shops and "crash" pads, into the school parking lots, rest rooms, and nearby lunch counters. Importation was no longer dependent upon the "hippy" cult. Now junior and senior high school students were taking weekend motor trips to Mexico, or student pilots rented planes for trips to Jamaica where large amounts of drugs were bought for a relatively meager sum. Twenty-five dollars worth of marijuana in Mexico would reap a profit of $225.00 in Miami. One eighteen year old paraplegic was grossing an estimated $4,000.00 per month through the sale of LSD which he purchased in Texas and secreted in his hollow crutches. He was arrested four times on related drug charges, convicted once and has been out on appeal since 1970.

By the year 1972, Public Safety Department arrests rose to 491 for drug offenses alone for persons under eighteen years of age. This is a 302.5% increase. Although the "soft" drugs (marijuana, hallucinogenics and hashish) remain the largest drugs of abuse among this age group, barbiturates, amphetamines, and other substances (sopers, M.D.A., etc.) have also risen commensurately, from 28 arrests in 1968 to 157 arrests in 1971, or an increase of 17.8%.

ENFORCEMENT PROBLEMS

In general, the employment of undercover officers to infiltrate groups or make drug purchases from school age suppliers has had negative results. Many teenage pushers will sell only to known students in the school environment or student social gatherings. It is extremely difficult to install a relatively older looking person into this setting. When arrests are effected for sale of drugs, little affirmative action is taken by the judicial system which would serve either as a deterrent to other offenders, or as a deterrent to the arrestee. As a result of the aforementioned, the young offender believes if he is convicted of a drug violation, the maximum punishment will be probation and a withholding of adjudication. Dealing in drugs, therefore, has become a dramatic "game" to many youngsters. If caught, the chance of punishment is small, while among their peers they soar in importance and receive sanctions for their activities.

Since direct drug buys by undercover officers are not usually possible in the school environment, officers have to rely on informants to accomplish the task of identifying and then gathering evidence against the teenage pusher. Inherent problems exist in finding adequate young informants for various reasons:

(a) Parental approval is necessary.

(b) School approval is necessary.

(c) Adequate "cover" and control by bona fide officers is difficult to provide.

(d) Few volunteers are available due to our inability to protect the informant when he returns to the school.

(e) We are unable to protect the identity of any informant (regardless of age) after the initiation of court proceedings.

(f) Few informants are willing to testify in court.

Investigations are further hampered by duplicity and general lack of coordination among the various agencies involved in enforcement activities.

An additional problem manifests itself in the various approaches taken within the various schools in relation to drug problems. Teachers are unable, or unwilling, to cope with students high on drugs. When a student is found to be under the influence of drugs in class, he is usually ignored unless he disturbs the class. Problems brought to the attention of school officials are handled "in house" via suspension for a few days or some other disciplinary measures. Police are usually not notified for fear of publicity which could result in the school acquiring a bad reputation and consequent demands by parents for improved conditions. This, of course, would be looked upon as a threat to the administrator's tenure. Teachers are generally no better prepared than parents to recognize and effectively deal with drug related problems.

SOLUTIONS

As viewed from an enforcement standpoint, sufficient inroads into deterring drug abuse will be made only when consideration is given to the following:

(a) Stronger controls placed on students to assure class commitments are kept. Free periods where students may leave the campus or roam freely throughout the schools should be eliminated.

(b) Prohibition to releasing or publishing names of arrested juveniles should be eliminated.

(c) Student dealers should be dealt with severely by the courts.

(d) Require teachers to attend training sessions to acquaint them with all aspects of drug abuse.

(e) Require quarterly reports to school boards of problems and accompanying action.

(f) Develop additional school security personnel and/or specialized juvenile officers to concentrate on school age drug offenders.

(g) Encourage creation of county-wide metropolitan narcotic enforcement groups. Under centralized control this would result in the elimination of duplicity and fragmented local efforts of an uncoordinated nature, and will allow for greater specialization.

(h) Revocation of driver's license upon conviction when vehicle used in furtherance of drug abuse.

(i) Adopt realistic forfeiture laws patterned after federal statutes for autos, airplanes and boats used in furtherance of drug offenses. This should include vehicles bought on credit, where liens exist.

(j) Involuntary commitment to drug rehabilitation centers or programs upon petition by parents, teachers, or police of students with drug problems.

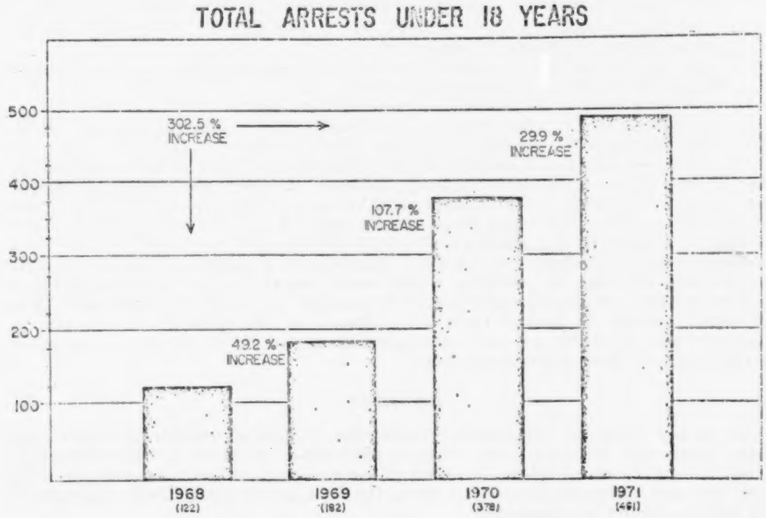
SYNOPSIS

The figures used in preparing these graphs were taken from those tabulated under the Uniform Crime Reporting System originated by the Federal Bureau of Investigation. This system records only one offense from the individual arrest form prepared by the arresting officer(s). These offenses are classified according to their importance, and the one offense with the highest classification is recorded. Therefore, all other offenses on the arrest form are not recorded, leaving only a partial tabulation instead of a complete tabulation of all offenses.

These figures reflect only Dade County Public Safety Department statistics and do not include any of the 25 municipalities within the Dade County boundaries.

Graph No. 1 depicts figures for drug arrests only in 1968, 1969, 1970, and 1971 for subjects under 18 years of age, with the total percent of increase from 1968 to 1971 as 302.5%. The most significant difference was an increase of 107.7% between 1969 and 1970.

Graph No. 2 illustrates the figures for monthly drug arrests for the first quarter (January 1972 through April 1972) for opiates, marihuana, and other non-narcotic drugs for subjects under 18 years age. The most significant increase

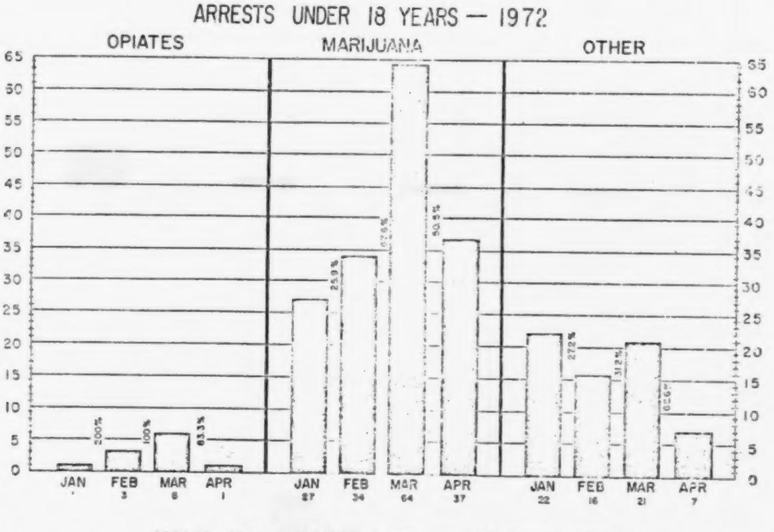


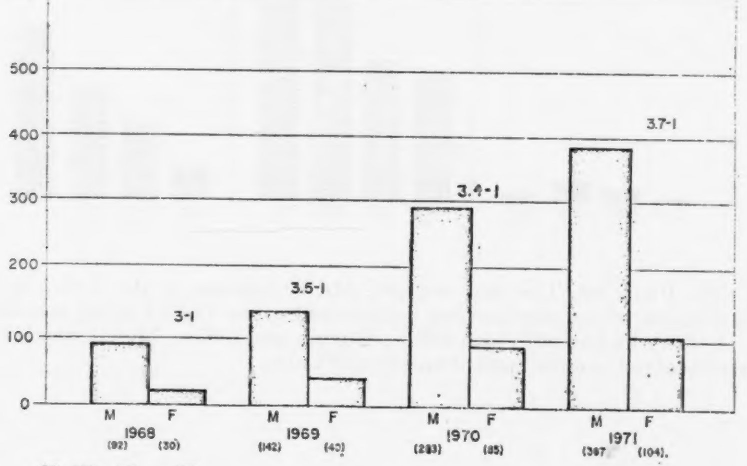
was in the arrests for marijuana in March. Opiates show a minimal increase through March with a decided decrease of 83.3% in April.

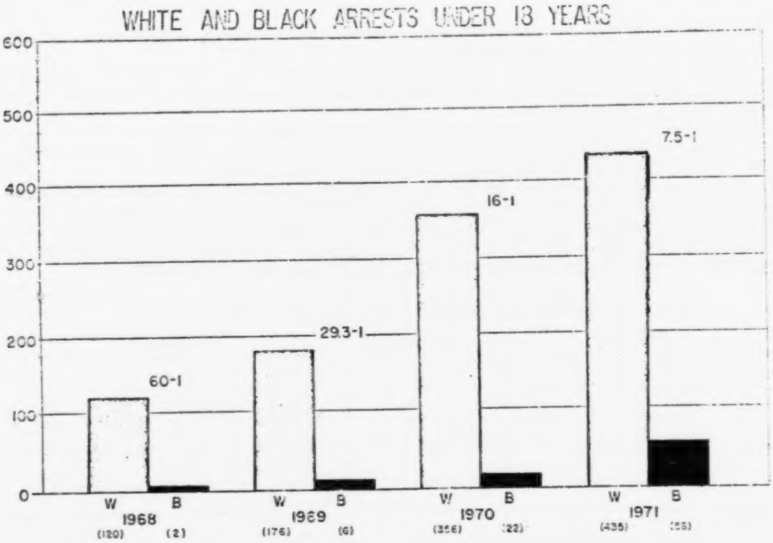
Graph No. 3 indicates the figures for drug arrests for males and females for the years 1968 through 1971, with the average ratio of males over females being approximately three to one.

Graph No. 4 illustrates the figures for drug arrests for Caucasian and Negro subjects for the years 1968 through 1971 with the average being approximately 28 to one, Caucasian over Negro for the four year period.

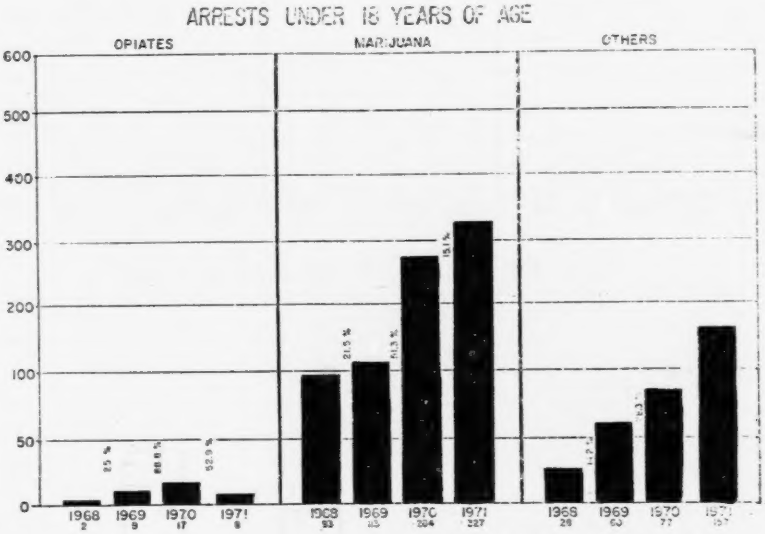
Graph No. 5 depicts the figures for arrest for opiates, marijuana, and other nonnarcotic drugs for the period 1968 through 1971. The most significant number of arrests were for the sale and possession of marijuana, with the years 1970 and 1971 increase in excess of 50% over the totals for 1968 and 1969. The most significant increase in nonnarcotic drug traffic was 103.8% in 1971.







WHITE AND BLACK ARRESTS UNDER 18 YEARS



ARRESTS UNDER 18 YEARS OF AGE

Mr. Phillips. The next witness, Mr. Chairman, is Mr. Tyler, who is director of security services department of the Dade County schools.

I think he has with him Officer Burgin and Officer McAllister, who are involved in enforcement and security also.

STATEMENT OF JOHN TYLER, DIRECTOR OF SECURITY SERVICES DEPARTMENT, DADE COUNTY (FLA.) SCHOOL SYSTEM, ACCOMPANIED BY WILLIAM BURGIN, ASSISTANT DIRECTOR, AND EUGENE McALLISTER, INVESTIGATOR

Mr. **Tyler**. Mr. Chairman and members of the committee, I have a prepared statement which I will read for you, and then we will have two films that we will explain. And if there are any questions, we will be most happy to try to answer them.

The organization which I represent, the securities services department of the Dade County, Fla., school system, has the responsibility of investigating the violations of Florida statutes on school board properties. Our staff consists of 86 employees.

The organizational structure is as follows: One director, two assistant directors, 25 investigators, three patrol supervisors, 46 patrolmen, two technicians, and seven secretaries.

I might add that this year in our budget we lost 21 positions due to considerable financial problems.

Mr. **Phillips**. You say the staffing here is with that 21, or without it?

Mr. **Tyler**. This is without the 21. We did have a total of 108.

Mr. **Phillips**. Thank you.

Mr. **Tyler**. The primary function of the patrol section is the protection of school board properties.

The function of the investigative staff is the protection of students and personnel and the investigation of violations occurring on school board properties.

The school system has approximately 241,000 students; and a total of 20,000, including noninstructional, and instructional, and so forth, employees; located in approximately 230 centers. In this number of centers are included 22 senior high schools and 39 junior high schools. This represents a secondary student population of 108,788.

One of the major problems facing us today among the students is the use of mood modifiers. I use the term "mood modifiers" inasmuch as we are dealing with drugs and other substances which will alter the mood of the user. I refer to such things as transmission fluid, brake fluid, burning electrical tape, et cetera. The use of these mood modifiers has increased considerably within the last 2 years, and we have found it necessary to assign one-fifth of our investigative staff, or five members, as their primary function, the investigation of the use, possession, and sale of these mood modifiers.

I am sure that we could increase the number of investigators assigned to this type of an investigation to four-fifths of our staff and still be shorthanded.

The fact we have assigned only one-fifth of our investigative staff to this function does not, in any way, indicate a lack of desire on our part to combat this problem, but is dictated by the necessity of controlling dispruptions of the student body, assaults upon fellow students and on personnel of the school system, as well as the protection of $500 million worth of property.

During the calendar year of 1968, which was the beginning of the enlargement of our staff—we started in 1959, but in 1968 they began to increase more heavily—70 arrests were made on school board property for violations of drug-related statutes.

During the 1969 calendar year, the figure rose to 96; and in 1970, there were 124 arrests made.

In 1971, there were 138 arrests made for this type of violation.

Since January 1972 until the 20th of June, we have made 209 apprehensions.

The increase in the number of drug-related arrests by this department should not necessarily be taken as a barometer of the increasing use of such mood modifiers inasmuch as in the beginning, we had only one or two members of the staff assigned to this particular function, part time.

Some of the substances which were brought to our attention in 1971 were, in descending order:

Marihuana, sniffing harmful chemicals, barbiturates, amphetamines, assorted pills, hashish, under the influence of an intoxicant, mescaline, LSD, and codeine.

And I might depart just for a moment from this prepared statement to comment very briefly on surveys. You will recall that Mr. Rothstein made a statement this morning concerning a preliminary survey that he had made with 24 people, I believe it was, and in that he indicated that the sniffing of chemicals was last in his listing of order. And our basis of the listing in this particular report is based on the arrests for various violations; and though we have had more violations, they rank second. As can be seen by this tabulation, marihuana and barbiturates are the most widely abused modifiers by the student body.

The school levels in which these mood modifiers are abused would appear to be as follows: At the elementary school level we have found that inhalants, such as transmission fluid, brake fluid, et cetera, are most commonly abused, possibly due to the fact that they are easily obtained by anyone at almost any age. We have located automobile service stations who are willing to, and do, sell transmission fluid to any purchaser, regardless of his or her age.

The junior high school age group involve themselves primarily in the use of marihuana. There are also assorted pills sold and used by this age student. The high school age group involve themselves in practically every form of mood modifier abuse. It would seem that a student who becomes an abuser in the elementary school level not only graduates from class to class, but from one drug level to another.

During the year 1971, members of our staff encountered a severe difficulty in the investigation of drug cases in the schools, due to the ruling by the court concerning the revealing of confidential informants according to the 14th amendment of the Constitution, "The right of the accused to face the accuser." Confidential informants have played a vital role in the arrest of pushers in and around the school. Drug buys were made by this department, after receiving parental permission for the informant to make the buy while under our observation. Prior to 1971, it was acceptable for our officers to observe the buy taking place and then testify to that fact. To reveal the informant in these cases would subject this youngster to possible harassment and physical harm from his peer group. It is impossible for any man within the department to go undercover within the school system to make these buys, due to the wide age difference between the officer and the student.

Members of this department are also handicapped in that our jurisdiction applies only to violations that occur on school board properties and it has now become the practice of most pushers to operate across the street from the school, or in several of the small business places surrounding school property. To illustrate a recent case, the seller would set up a buy on the campus of the school and then take him to a nearby business place, off school board property, to complete the transaction.

There have been a number of overdose cases brought to our attention by the schools and, in the investigation of a number of instances, we found that the pills, or other drugs, had come from the family medicine cabinet. We have also found instances where youngsters were selling pills to their fellow students, not knowing the type of pill they were dispensing. These pills again came from the home medicine cabinet. These have included such things as barbiturates, amphetamines, birth control pills, and any other type of pill that was available to them.

Our investigations have not disclosed that the use of cocaine or heroin is occurring very often. One of the surveillance films that I have brought with me today will show a young man across from the high school who is indulging in the sniffing of cocaine during his lunch hour. This instance occurred last year and, inasmuch as it took place off school board property, it was referred to the proper law enforcement agency. We have had word from informants that there are those who do use hard narcotics.

Another investigation in which a film was made resulted in the arrest of four persons for the possession and sale of marihuana. Our officers observed on more than one occasion where from 10 to 15 youngsters would be standing in line waiting to make their purchase of marihuana.

I believe that one of our major problems with the youth today using these various types of mood modifiers is the lack of a definite stand on whether or not a substance is harmful when abused. I cite for example newspaper articles for the last year in which persons in very high positions have stated that marihuana was to be considered dangerous and would result in considerable harm to the person indulging. But there have been people in similar high positions who have made their claims that the use of marihuana is not harmful and, in fact, can be helpful. I personally cannot tell you whether it is harmful or whether it is not harmful because I have not experimented with it; however, we can find in our files a number of instances where an individual began experimenting with marihuana and, when the "kick" from that was not as great he may have expected to to be, he then began to use other substances.

I would like to take this opportunity to recommend two ways in which the Federal Government could be of assistance to the public school system.

First. Two years ago the Dade County school system began an expanded program on drug education. Since July 1970, they have budgeted approximately $450,000 of local tax funds for this purpose. This amounts to approximately $1.95 per student or 65 cents per student per year. This is a very small amount for such an important subject. The school system, however, is not able to devote more funds. The only answer to this, in my opinion, is for the Federal Government to assist by providing Federal funds to supplement those furnished from local funds. I am not in a position to suggest how additional funds would be utilized. This is a function of our instructional division, but I do know that 65 cents a year is a pitifully small amount for this purpose.

Second. My second suggestion is that it is my opinion that the Federal Government must take a hand in providing rehabilitation help for the users of these various drugs. Locally, one of our school board members, Dr. Ben Sheppard, is working diligently to try and establish a branch of the apparently successful operation in Broward County known as the Seed. He is having much difficulty in locating funds and facilities for this purpose. With the high expense of crime and the high cost of education, the local tax structure cannot support such activities. Something must be done. True the Government has a treatment center at Lexington, but that is for the end of the road treatment. We must have something available for the beginners, for the seventh, eighth, and ninth graders, or they will end up in such places at the end of the road.

Chairman PEPPER. For the record, I have ascertained and would say to the officers that the Federal appropriation in this general area is, and I am advised for education and training in respect to drug use in 1969, the Federal appropriation for the fiscal year 1969 was $1,600,000. For fiscal 1970 it was $9,600,000. For fiscal 1971, $36,800,000; for fiscal 1972, $64,400,000; and estimated for fiscal 1973, $64,400,000.

Now, of this, $11 million was directed to the elementary and secondary schools of the country, and the rest was for the LEAA program, the BA, and the DOD programs and other educational programs including the Office of Education.

So, obviously there is very little, there is hardly anything appropriated now by the Federal Government for treatment and rehabilitation for students in the schools. And you see there is regrettably little in respect to the educational program and most of that is in the type of program which Dr. Sheppard and other witnesses have indicated were not very effective as preventive programs with regard to drug abuse.

Mr. TYLER. I might further advise you that I have recently spoken with Mr. Theodore Gibson, Jr. with the district attorney's office, and he is working with the DALE group, and he has indicated there is a possibility that the Federal Government may, under that program, be making certain funds available in the future, although it is not committed as yet.

Chairman PEPPER. Do your other panel members have anything to say?

Mr. TYLER. I have on my right Mr. Eugene McAllister, who is the assistant director for security and services department; and on my left Mr. William Burgin, general investigator for the department.

Mr. Burgin is the one who is continually in the schools and on the streets. Mr. McAllister was previously in the schools and on the streets.

Chairman PEPPER. Have you gentlemen anything you would like to add to the statement of Mr. Tyler?

Mr. MCALLISTER. The only thing—I do not think this one works—the only thing that I would like to add is that although we operate under a large budget, we have no funds set aside in our budget for investigative narcotics cases, and at the present time we are operating from some donations by private citizens, donated small amounts of money to use, to go out and make undercover-type buys. This, I think, would be a big help to us, if we could get some type of funding along this line.

Mr. PHILLIPS. Could you comment on just how extensive the problem is with drug abuse in the schools?

Mr. MCALLISTER. Well, the first film will show you. It was taken roughly a year and a half ago, about 18 months, and I think it will show you pretty well the trafficking that goes on around some of the senior high schools in this county.

Myself, I have two teenage daughters in high school and it would be a great conquest for some of the pushers to take over my two, you know, over my two daughters, because I am quite well known, and they have been approached. Thank God they have not gone the way of buying the stuff, but we have cases of overdoses, we have cases where large amounts of marihuana are being sold.

I, personally, with the help of another man, arrested a kid one morning, 18 years old, just before school started. He had brought roughly 7 ounces of pot to school to sell that day. He comes from a family that has a $125,000 home. He was doing it for the money, I am quite sure. His dad was giving him everything he ever wanted. He wound up settling with the courts to let this kid enlist in the Navy, and his record was never made.

I do not know if he ever made it in the Navy or not, but this is the deal we made with the court, that he go in the Navy.

Mr. PHILLIPS. Well, we have had testimony here, Mr. McAllister, that the kids were going in school, and referred to school as a pharmacy, and they referred to it as a drugstore because the drug sales are so extensive there. And we have a report here which is made up by your own school board—I am not sure they made it available to you—which said that the school campus is the most common site of drug sales.

Mr. MCALLISTER. This is probably quite true, because let's face it, this is where a large number of students gather at one time. There is probably no place in Dade County where that many youngsters get together at one time to socialize, and to make their contacts, and there is not a hamburger joint that big in Dade County that will accommodate the number of students. When you are talking about, for instance, Miami High, which is the largest high school in the system——

Chairman PEPPER. I would like you to address yourself, since you are closely in contact with this question, what do you think is the best way to approach this problem of drugs in the schools, the best way to handle it?

Mr. MCALLISTER. I think a better reporting system to the authorities would stop a lot of it. I do not believe suspension of students is the answer for any crime that is committed. Let us face it: Today if a kid goes home there is nobody there. I work, I go to work, my wife works, and nobody would be home if my two daughters were suspended from school.

Mr. KEATING. Reporting by whom?

Mr. MCALLISTER. Those of the school district who have responsibility for seeing that crime is reported within our school, whether it be the principal, assistant principal, or whether it be the dean of guidance, whoever it might be, whoever that is that reports.

Mr. **Keating.** Who reports to them? They cannot be everywhere in the schools.

Mr. **McAllister.** Your teachers, I think, would be the first line of reporting, and then if it follows up, well, then, the principal, or the administration, whichever one you refer to, I think it would be his responsibility to either report it to us or to the local authorities.

Mr. **Phillips.** Mr. Burgin, could you comment directly on the scope of the problem and any suggestions you might have?

Mr. **Burgin.** Well, I am sitting here listening to date with reference to rehabilitation of the drug addicts. Well, if we do not have some sort—I go along with enforcement. I am strictly in enforcement, myself, and we have men working enforcement in a school system of approximately 240,000 students, where I worked on the police department before coming here where we had 10,000 people in the community, and we had more people working at it than that.

I realize we have other problems, and I believe you realize we have other problems in the school system. But, you are going to need more money than you can appropriate for rehabilitation if there is not some enforcement. Three men cannot, or four men, or five men full time cannot touch the enforcement in the school system. No way, not in one school. We have said in this school and other high schools——

Mr. **Phillips.** How many men are actually working full time?

Mr. **Burgin.** None. We have no men working full time on narcotics in the schools. We have men that work narcotics, but they all have other duties, also. We have other types of investigations that we have to handle, also.

Mr. **Phillips.** Would you explain that to me?

Mr. **Tyler.** I will explain it, if I may. We have five men assigned primarily for the investigation of drugs. However, if we have a situation where a school is being disrupted, for instance, it is necessary for us at times to put as high as 45 or 50 men in control, to get back this control. We have done that.

Mr. **Phillips.** Does this happen often here?

Mr. **Tyler.** Too often. Not that we go up as high as 50 men, but we had in the past year, I would say, some 10, 12, 14 times, we have had to put as many as 10, 15, or 20 men in the building. We have gone as high as 47 men this year on two or three occasions.

Mr. **Phillips.** What caused the trouble on those occasions?

Mr. **Tyler.** This was racial troubles, shakedowns, where it started with a shakedown, and then it carried on back and forth awhile between the whites and blacks, and the Cubans, and primarily racial disturbances. We have spent as much as 25,000 man-hours in one 9-month period controlling disruptions.

Mr. **Phillips.** To get back to Mr. Burgin, did I hear you say only part of your time is devoted to this? What other duties do you have?

Mr. **Burgin.** As Mr. Tyler stated, that has been quite a problem in the school system; that is, I feel the main reason why we have hired more people is due to the racial problem in the system and we do spend quite a bit of time.

But, we have other duties, investigative duties, also that we must tend to, regular cases of burglaries, and personnel investigations, et cetera, that we do work.

Mr. **Phillips.** So these four or five men, how many is it, three, four, or five?

Mr. **Tyler.** Well, we have five regularly scheduled. One has been taken off for a short period of time.

Mr. **Phillips.** Four? I heard three mentioned. How does the three come in?

Mr. **Burgin.** There is four right now.

Mr. **Tyler.** Three besides himself.

Mr. **Burgin.** There are four men currently working in the system in narcotics. We work when cases are called in, when the teachers, administrators, catches somebody with narcotics, we go out and handle it. I feel personally, myself, any form of vice, whether it be blackmailing, prostitution, or narcotics, I cannot sit and wait for it to come to me like if somebody would call in a burglary or a robbery. They are not going to call on narcotics.

Mr. **Phillips.** You do instigate new investigations on your own?

Mr. **Burgin.** We have on a couple of occasions.

Mr. **Phillips.** Two occasions?

Mr. **Burgin.** A couple of occasions since I have been with the school system, and I know the police departments were, and your investigations where you have to go out and look for it, and go out——

Mr. **Phillips.** You do not have to go out and look for it, you actually wait for a complaint?

Mr. **Burgin.** Basically this is what we do, because our time is spent on other investigations, or if things slack off and we do not have a lot of work we can maybe devote a little bit of time to actual investigation.

Or if we have had a complaint, quite a number of complaints from a certain school, then we do send a couple of men to work it. Like Lieutenant Richards stated to you earlier, where they have a 20-man department, and you go up to set a control, but you need four or five men, though, to do it, and we just do not have that, you know. We have four men available for some 200 schools, which just is not enough.

As I stated before, sitting up here listening to rehabilitation all day, like I said, you cannot appropriate enough money to rehabilitate all of the people unless there is some kind of enforcement, and we do not have any enforcement out of four men and, you know, sitting here four men cannot have proper enforcement with all of these students.

And as Chairman Pepper stated earlier, it is at an epidemic stage and I definitely agree with him on that point, which we do not really know it that much in our job because we are not out daily digging into it, and you have to have people working at it, going out looking for it.

Mr. **Phillips.** We were impressed, I think the entire committee was impressed, when we had undercover officers in the New York school system tell us about their work. They were the ones that went into the schools, and they would set up pushers, and they actually made buys of all kinds of drugs in the New York system.

I am told that you do not have any such undercover operations here at all.

Mr. **Tyler.** Not with our officers. We do use informers.

Mr. **Phillips.** Were you advised of this report that was circulated in April of 1972 which said that the narcotics problem here was widespread and getting worse?

Mr. **Tyler**. I heard about it this morning.

Mr. **Phillips**. Don't they advise you of these things in security?

Mr. **Tyler**. I was not aware of that; no, sir.

Mr. **Phillips**. Do you believe it is widespread and getting worse?

Mr. **Tyler**. I think so; yes, sir.

Mr. **Phillips**. What have they done securitywise to contain this problem?

Mr. **Tyler**. Well, we lost 23 positions.

Mr. **Phillips**. They have done nothing? I mean, you have never been instructed by the board to take formal action or expand your staff or devote more energy to this?

Mr. **Tyler**. Well, no, that is not quite correct, sir.

Mr. **Phillips**. I am sorry?

Mr. **Tyler**. Two years ago, I indicated in 1968, we started building our force. The school board was very generous at various times, when they would increase it. I think we had 19 men one time, and then six men another time, about 40 men another time.

However, during this past budget session the financial situation was about anywhere from $15 to $20 million short, and balancing the budget we lost, as I say, 21 positions. And the rest of the school system lost positions.

The board has charged me with the responsibility of investigating crimes against personnel, crimes against students, and protection of property. So, we have to do all three of those to the best of our ability. When I say 86 personnel at the present time, this boils down to about 78 or 79 officers. With that many officers it is almost impossible, or well, it is impossible, to try to cover everything that happens.

When a youngster goes home and tells his mother that he was clubbed up side of the head by another kid, we have to handle it. There just is no doubt about it.

If a girl goes home and says that Joe Blow assaulted me in the hallway of the school, then we have to assign somebody to handle it, because it is a violation of the law and it has to be handled. It is not something that can be put off until 6 months, or until we get around to it.

So, actually, you might say that whatever is the most urgent need at that time is what is handled, and as much as we would like to devote all of our time to drugs, or all of our time to shakedowns, or extortions, we just cannot do it. We have to spread ourselves as thin as possible and cover as many things as we can.

Chairman **Pepper**. Have you any questions, Mr. Mann?

Mr. **Mann**. I gather from what you have said that the cases that you have actually made, these 299, kind of came to you instead of you going to them?

Mr. **Tyler**. This is correct. It is referred to us by the school. Now, I don't want anyone to get the impression from testimony apparently given in the past, and I just returned to town last night, and I was not privileged to attend your meetings, but I did read about something to the effect that teachers do not report things. This is not true with all teachers. I must stand up for a large percentage of our teachers and our administrators. They do report to us.

There are some administrators I can name that do not do so, but by and large the teachers and the administrators are reporting these things to us, and this is how we have brought it about.

Mr. **Mann.** I think it is fairly obvious, Mr. Tyler, that your force is typical of any institutional force, it is for the purpose of protecting property.

Mr. **Tyler.** Property and personnel.

Mr. **Mann.** Right, and it is not a drug force. We have found in other places that local law enforcement did become involved in the problem of drugs in schools. They have a certain capacity for producing undercover-type personnel young looking from some other part of the county or State. I gather from what you said that there is no coordinated effort going on between your force and local law enforcement?

Mr. **Tyler.** I did not mean to imply that, if I said that.

Mr. **Mann.** Well, is there?

Mr. **Tyler.** There is good cooperation among all of us, particularly with the public safety department, and as an example, they will come to our assistance at our beck and call, and they understand our problem because they have the same problem we have, and we assist, and they assist in every way they can.

Mr. **Mann.** There has been no effort, though, to have undercover agents in the schools, themselves?

Mr. **Tyler.** Nothing other than using performance of school-aged people.

Now, let me divert just a minute, if I may, to explain our officers. All of our officers are former police officers; they have all graduated from recognized police academies. They have all had to have a minimum of 3 years' experience as investigators, and have to have a minimum of 8 years' police experience. And we have, I think, two or three of our people that are working drugs, who are graduates of the Federal Narcotics School.

Mr. **Mann.** I notice that one of your requests is more funds for educational purposes, and you are perhaps aware of the fact that there are those who do not believe that such moneys as we have are doing any good at all. And they may be having a negative effect.

Mr. **Tyler.** I have to agree.

Mr. **Mann.** Do you have any suggestion as to how such funds might be used?

Mr. **Tyler.** No, sir. As I indicated in my prepared statement, I do not know. I am not first an educator, I am a law enforcement officer. I am primarily a law enforcement officer, and I am not in a position to state what curriculum should be followed. I do take exception to speeches by drug addicts before high school assemblies and things of this nature. I think this is wrong. I think it glorifies the individual to some of these students, and I think it is wrong.

Mr. **Mann.** Thank you.

Chairman **Pepper.** Mr. Blumenfield, do you have a question?

Mr. **Blumenfeld.** Yes; thank you.

Mr. Tyler, your 46 patrolmen, what are their responsibilities?

Mr. **Tyler.** Their responsibilities are nighttime patrol of those school properties, protecting of the $500 million worth of property that the school board has. These men operate 7 nights a week, 355 days a year, from generally 6 to 6:30 in the morning.

Mr. **Blumenfeld.** You have not found it possible to divert any of them to working narcotics, or assisting?

Mr. **Tyler.** No, no; not with the losses to your school system running into the thousands of dollars. And I might just take a minute and I will tell you that for the last year, that loss, due to theft in our school system was $272,211. The last breakage, vandalism would be $104,000. Our total losses were $946,932 a year.

Mr. **Blumenfeld.** Well, I understand that, but do you think there is any relationship with the theft of property to narcotics?

Mr. **Tyler.** The individuals we have identified and apprehended for breaking and entering and theft, to my knowledge, we have not been able to tie anybody in for doing it strictly for that purpose; no, sir. I do not know. Maybe Bill can answer more.

Mr. **Blumenfeld.** All right. Let me ask you, do you feel there is a relationship between the loss of property, theft, breakins, and vandalism and some of these assaults that we have heard about, and narcotics or drugs?

Mr. **Burgin.** Well, I believe just about anybody that has testified up here, or Lieutenant Richards and the other people, your people that are drug addicts, heavy users of drugs have to sell to support their habits. There is no question that these people that are on these $25, $50, $75 a day habits are not holding down everyday jobs. I can say this from experience. Naturally they steal. They are shoplifters. I would say probably 75 percent or better of your shoplifters are shoplifting for money for narcotics. You have to consider the fact that the large amount of theft that we have out of the school system is going somewhere.

It is going into drugs also, and when your public safety department on occasion has raided places where drugs are being sold, and a search warrant is there, on occasion they have gone up and found property of the school board in there, property of the school board in there which would seem to say that things are being stolen from the school for sale for narcotics.

These people are not holding down everyday jobs. I know most of you, if you have seen some of these addicts, narcotics addicts, they cannot sit up and hold an 8-hour job as a driver, as a busman, or anything like this. I definitely feel maybe not vandalism, but the theft itself, your extortions, all of your extortions, some of your assaults we have in the school system are by people that are under the influence. Definitely I feel narcotics plays a very, very important part in that.

Mr. **Tyler.** But my response was directed to your question as to whether or not these thefts and vandalism were inspired by drug requirements.

Now, my response was that those individuals that we have arrested for that particular violation have not shown it. Now, I do not maintain, and I want it understood thoroughly, I do not maintain that we do not have theft which is not related to drugs. I am sure we do have.

Mr. **Blumenfeld.** Would it not be fair to say that one of the problems in ascertaining whether it is related is that you are not going to get too many people you arrest for burglary to admit they are also drug users?

Mr. **Tyler.** That is probably true.

Mr. **Blumenfeld.** It is my understanding that your narcotics investigators do not work full-time narcotics; is that correct?

Mr. **Tyler.** That is correct.

Mr. **Blumenfeld.** Mr. Tyler, you heard Alan Richards testify about the need in law enforcement, not only for specialists in the narcotics field, but as they are not doing in the safety department any such specialists within narcotics investigations. How are these four men effectively able to deal with narcotics if they are not specialized then in just drug investigations?

Mr. TYLER. I do not think I implied in any way they are dealing with it effectively.

Mr. BLUMENFELD. That is the end goal, is it not?

Mr. TYLER. The end goal is that, but we also have many other end goals we have to try and achieve to at least make an inroad toward this.

Mr. BLUMENFELD. I understand that you mentioned the term "urgent needs." Do you not agree that doing something about the drug abuse and drug traffic at schools has to be one of the most urgent needs?

Mr. TYLER. I think it has to be one of the most urgent needs, and I also think the investigation of assaults of a young child that comes home badly beaten up is also an urgent need. I do not mean to minimize either one.

Mr. BLUMENFELD. Yes, I understand.

Let me ask you this question, as I asked Officer Burgin, because I know him from prior experience in the south Miami Police Department. How is it possible for you to work under cover, if it is to make a buy, or at least surveillance, if the day prior he was there investigating an assault, perhaps, by the same person you are working?

Mr. TYLER. There is not only him, but the others also do that when they are working drug cases. Well, we do not have enough people that we can switch from school to school.

Mr. BLUMENFELD. Well, that was my question, and I was asking Officer Burgin.

Mr. TYLER. I am sorry.

Mr. BLUMENFELD. How are you able to be in the school one day investigating a burglary, or an assault, and come back the second day and cover an informant?

Mr. BURGIN. No, I think we are pretty well-known in the school system, the schools that we are having our problems in, let us say, the ones to where we go to where we do have trouble. We are pretty well known but, where we have had an opportunity to work strictly narcotics a week or so at a time we have been very, very successful on making buys, large buys, or a number of small buys.

We have never gone out at approximately say a week we will go out, and in the week maybe we will make five or six cases, and where the sheriff's department or somebody with a little more time might have one case in 5 weeks, but they are making a big case.

But, any case to the school system, to us, is a big case, and we have made two double-pound buys, and when you break it down in ounces and nickel boxes, a couple kilos, or a couple of pounds, 2½ pounds, say, in one particular case, where we made, it was 2½ pounds, and when you break that down in the school system into nickel buys, these $5 bags, that is quite a bit.

One particular case we had 2½ pounds in the arrest, and in involved five students from five different schools on one buy, and it shows that your drug network is tied in throughout, some of it, within the school system, or if not within the school district, whether outside, but as far as us successfully going in and working narcotics, we cannot successfully go in and do it and work both at the same time, no.

Mr. **Blumenfeld**. You cannot be effective while you are working?

Mr. **Burgin**. No more than Lieutenant Richards could go out and handle burglary and go back the next day and work narcotics. Everyone knows your vice section works strictly vice, whether it is prostitution, or gambling, or narcotics, and there is no way you can successfully do it.

But, we do use informers and we are a little bit successful in making buys by using the informer, which we are seeing around school so much that if we walk around 1 week, if we stay at a distance we have been pretty successful in making some buys in the school.

Mr. **Blumenfeld**. You previously were with the South Miami Police Department?

Mr. **Burgin**. Yes, sir.

Mr. **Blumenfeld**. How big a department was that?

Mr. **Burgin**. When I was there it was approximately 23 men.

Mr. **Blumenfeld**. Do you know the approximate area covered?

Mr. **Burgin**. Approximately 10,000 people. The city of South Miami is right around 10,000.

Mr. **Blumenfeld**. Did you have a specialized narcotics program?

Mr. **Burgin**. Yes, sir, we did have; and our chief was a former Federal Bureau of Narcotics agent, and prior to his coming there, I did not even know what marihuana looked like, and he was very shocked that not even the smallest city did not have people specialized in narcotics. And south Miami does border, if you gentlemen are familiar with it, the University of Miami, and he was surprised, and he sent me down to work with the Bureau of Narcotics for experience, and then I came back, and then we started a narcotics section that we worked on with approximately three people in the area of narcotics in this area.

Mr. **Phillips**. You had three men for 10,000 population?

Mr. **Burgin**. Approximately 10,000; yes, sir.

Mr. **Phillips**. Or four part-time for 240,000 students?

Mr. **Burgin**. Yes.

Chairman **Pepper**. How long will it take to show your film, Mr. Tyler?

Mr. **Tyler**. The first one is about 5 to 7 minutes, and the second one about 2 minutes, if you would desire to see them.

Chairman **Pepper**. All right, if you will go right ahead, we will be glad to see them.

Mr. **McAllister**. Gentlemen, this film was taken across the street from one of our larger senior high schools. I was successful, with the help of one of our men who is also an investigator, to do the photographing of this, and it came out rather well.

(At this point a film was shown.)

Mr. **Tyler**. The other film we have was taken from one of our junior high schools, and it shows the sale of marihuana.

Mr. **McAllister**. Do you have any questions concerning this particular film just shown?

Mr. **Phillips**. Can you give us the name of the high school?

Mr. **McAllister**. This was taken at Northern Senior High School, which was by the way, the same school this young boy was here from yesterday testifying.

Mr. PHILLIPS. Yes. I remember seeing him.

Did he come to your attention while you were there?

Mr. MCALLISTER. The name did but not of his actions. I think Larry might have stretched it a little bit yesterday when he said he never had been counseled or anything like this, because I think the school authorities have the proper paperwork to back up that he was. I think he made a comment yesterday that he had never been able to see a counselor.

Mr. PHILLIPS. I think he said it never did him any good.

Mr. MCALLISTER. Did he want to be done any good at that time?

Mr. PHILLIPS. That may well be it.

Mr. MCALLISTER. By the way, one morning prior to the hearing, as we came in through one of the side streets, we saw two kids get out of a late model automobile and hide something in a trash pile at the curb side in front of a home. So as they drove off and left the area, I got out and looked under some trash and found a pack of marihuana that they were going to leave there rather than take it on campus, and I presume they were going to come back later on and pick it up.

Mr. PHILLIPS. You said that the children which you identified, identified as suspended from school, I imagine this is just not an incident, you know, just in one high school, but rather symptomatic of a number of schools?

Mr. MCALLISTER. I think these were the typical things that were going on in practically any high school in this area.

Mr. PHILLIPS. Now, could you tell us, first of all, was the school board ever advised of this, to your knowledge, the board of education, itself?

Mr. MCALLISTER. Of this film?

Mr. PHILLIPS. Yes.

Mr. MCALLISTER. You will have to ask Mr. Tyler.

Mr. TYLER. The school board, itself, was not. The superintendent was. We report to the superintendent.

Mr. PHILLIPS. I see.

Mr. TYLER. I don't know whether he did or not, but I did not.

Mr. PHILLIPS. Other than suspension, do they take any other administrative action in relation to drugs?

Mr. TYLER. In this particular instance?

Mr. PHILLIPS. I am worried more about—this was the symptom—what was done about the disease?

Mr. TYLER. Well, I think at that particular school they moved in a new assistant principal who is a very aggressive young man.

Chairman PEPPER. We are going to have to hurry along. Is your other film ready?

Mr. MCALLISTER. Yes, sir.

Chairman PEPPER. Go right ahead, please.

Mr. MCALLISTER. This is a real quickie here.

(The second film was shown.)

Mr. MCALLISTER. This was another surveillance film. It was particularly to photograph a particular buy.

Mr. TYLER. Mr. Chairman, while he is rewinding that, if I may just a moment. There has been some comment about surveys. I would just like to make this statement: I was unaware of this particular survey that has come to mind. However, approximately 2 years ago we were approached by a local agency, prosecuting agency, and asked that a survey be made in all of the schools as to drug usage, board members, school board members, school administration officials, and the top man of the prosecuting agency, as well as his top assistant and our office men, set up the procedures and all of the principals were called in and instructed what they were to do, and so forth.

This was done by the time it was to be done by the top assistant, and by the time they got ready to start doing it he was not able to participate in it, so they assigned a top investigator. He showed up at the first school, questioned about 15 or 20 personnel, and then he was unable to continue.

So, it was then turned over to one of their lesser investigators, appointments were made for the next school to take place, and the appointments were never kept. And that was the end of the survey.

Chairman **Pepper**. Well, thank you very much gentlemen. You have given us very valuable information. We appreciate your coming.

Will you call the next witness, please.

Mr. **Phillips**. Yes, Mr. Chairman. The next witness is Judge Ferguson.

STATEMENT OF HON. JOHN FERGUSON, JUDGE, JUVENILE AND DOMESTIC RELATIONS COURT, DADE COUNTY, FLA.

Judge **Ferguson**. Thank you, sir.

Chairman **Pepper**. Judge, now you know what the problem is we are discussing here. Tell us what your position is, for the record.

What is your court, for the record?

Judge **Ferguson**. The Juvenile and Domestic Relations Court of Dade County, Fla.

Chairman **Pepper**. Very well.

Judge **Ferguson**. We handle cases involving children under the age of 17 involved in criminal violations of the law, and we handle them as delinquents.

We also handle dependent children and nonsupport matters and other related matters.

What I am finding in most of our delinquency cases, that very few of them come through charged with the use or possession of drugs, but I am finding maybe, perhaps, I am sure 90 percent of these children that are charged with other offenses are, in fact, using drugs, either to the extent that they are experimenting, occasional users, regular users, or kids that are actually hooked.

Occasionally we do have a charge of possession of marihuana, or amphetamines, or barbiturates. But, mostly it is a behavior problem. They are truant from school, they have run away from home, beyond the control of the parents. Those are the types of cases we call here children in need of supervision. They are noncriminal types of cases. Most of these children have at one time or another, or at the present time are using some form of drugs. Nearly everyone of them are using pot.

Now, I did not know this, I was not able to detect this. Coming before me in the past have been children that have behavior problems, and we place them under supervision of a youth counselor, hoping to solve some problems within the homes, themselves, and the parents, or within the school, and if they are completely beyond control, and have been placed under supervision, a short time period, period of time in a local detention facility, with structured and strict supervision. And yet, we were not getting really to the root of the problem.

Approximately 6 weeks ago, I guess it was, or 2 months ago, after hearing about a program which I am sure all of you have heard quite a lot about, the Seed program, I took it upon myself to visit there on several occasions to watch the procedures, and observe what was going on. As a result, I had a youth counselor from the Seed, and they call themselves formers, druggies, as you have probably heard, and a 17-year-old boy who had been on drugs for a period of approximately 5 years, and had become a counselor at school was assigned to my court full time. He is now a full-time adviser to me in my court.

In addition, I have two other people that visit every day from the Seed. One is a 19-year-old girl that is presently on a suspended sentence to Lowell State Prison for Women, and she was a former heroin user, and a 21-year-old young man that is also under a suspended type of commitment to the State penitentiary.

Mostly I am receiving my advice from the younger parties, and I do this in this way: If I find the child comes before me and he is a runaway, or constantly has behavioral problems at home, or will not attend school, I know that is not his real problem, and I will just out and out ask him: Do you use marihuana?

And I do not say it that way, I ask him if he smokes grass or pot, and 99 percent of the time they will deny it. And I just say, Look, do not try to kid us here. Have you ever even taken a puff, and from then on they go, and I usually find out not only they use marihuana, but they use different pills, uppers and downers, THC, speed, LSD, and most of the known drugs.

I frequently use my counselors when they are adamant about this, that they do not use any, and I will say: Well, how about going outside and talking to this boy or girl, and coming back and telling me what your opinion it? Now, this is bearing in mind that he is not charged with any violation of the narcotic or drug laws, and he is so informed that in my court he is not going to be charged with them, under any kind of an admission before me.

In those cases, 99 percent of the time that I send them out they come back. Yes, he is an occasional user, or he is a regular user. In those instances, if I can get the cooperation of the parent, and I would say this occurs approximately 50 percent of the time, the full cooperation of the parents, I will usually recommend a drug rehabilitation program such as the Seed.

At the present time I have—in the last 6 weeks I have placed 24 or 25 children in the Seed program. It is a little too early to find out whether they are going to be able to get off of these drugs altogether, and whether they are going to be able to go back to the public school system, and without being pressed by their peer group in the public schools that are using drugs.

This is something I am just going to have to wait and find out. But I visit there quite frequently, and I see tremendous progress in the relationship with these children and the parents that did not exist before. I find in the course that the parents cannot even talk to the children, and the children cannot even talk to the parents without getting very angry with each other, and accusing, and there is a completely different atmosphere there.

I also find that most of the counselors, social workers, police officers, school personnel are unable to deal with the child who is using drugs unless the child is really high on drugs at that time. These children have learned through their own peer groups how to deceive, and most of these school people, quite frankly, cannot tell this. I very seldom ever have a referral from the school on any child that is charged with using drugs unless he just happens to be caught in school with some drugs in his possession.

I find out when they get before me, and many of the intake officers of the State division of youth services, they are not able to determine this. I find out many of the children that are dependent when placed in the custody of an agency, they have no knowledge that when these children are out and away from a school on the weekend, or somewhere else, that they use drugs.

I feel at this time, gentlemen, that really about the only people that can tell when a child is using drugs, without seeing them under the influence, or without catching them with drugs, are those people that are former drug users, such as I just mentioned, counselors, young 17-year-old boy. He calls himself a former druggie. There are certain ways they express themselves, certain answers they give to the questions, certain problems they are encountering and how they face their problems, or fail to face up to these problems that give you this type of indication, and you can go further in and inquire. I do not believe that the police are trained to detect this. They are trained to detect a transaction in drugs, they are trained to detect someone that is under the influence, of course, some type of a drug.

But, so far as to be able to understand and determine a child who is an average, you might say, school youngster, as to whether that child by his behavior is using drugs, I do not believe so, and neither does the school people.

Are there any particular questions that you might like to ask me?

Chairman **Pepper**. Judge, just one question. What do you do with the students who are brought before you for some offense, who are minors?

Judge **Ferguson**. Are you speaking of, say, the child that is brought in for some minor-type violation?

Chairman **Pepper**. No; where you find they are addicted to drugs or are using drugs.

Judge **Ferguson**. If I can get the cooperation of the parents, I place them in a drug program. I have used Here's Help, Self-Help, Operation Reentry, and a number of those where if I feel that the child cannot function in the home, and still attend a meeting of that sort, I will place him in there. Quite frankly, I have not been too successful with this.

Chairman **Pepper**. Do you feel that there are enough treatment and rehabilitation facilities available? I mean available to you for reference of these young people?

Judge **Ferguson**. No, sir. I feel that the treatment facilities that are available for the drug users, they are really not—they are missing something in them at this point, and I feel there is a tremendous amount of peer group pressure that they cannot stand up to when they leave that facility and go home either in the afternoon or the evening, and meet their old friends. They are not able to resist this temptation.

I find in the Seed program, where they keep them there, that peer group pressure is so tremendous on them that when they have completed and gone through the complete program they are more able to resist the pressure that they receive when they go back to their own old environment, and this is back into the school.

The pressure from the schoolchildren that are involved in drugs, in my opinion, is at least 80 percent of all the children attending school from junior high on up are in some respects or have been, or are, involved in drugs, their use and sale, and that the group pressure of these kids is so great on these children unless they have been fortified with this tremendous desire to change their thinking and realizing that there are people that they can respect that do not use drugs.

Unless they have this they fail, and I feel that is one reason so many of the local programs that are not structured for younger people, and do not have the type of pressure placed on them, are not giving us the results that we should expect.

Chairman **Pepper**. Mr. Mann?

Mr. **Mann**. I recognize that it is a little early, and embryonic for you to answer this, but do you detect any relationship between the type of drug being used and the type of offense that comes before you?

Judge **Ferguson**. I find that; yes. Some of those on the hard drugs tend to more violent types of action, and I do have them that come in for criminal violation types of violations, violations of criminal law, which if they were adults would constitute a crime.

I find those on the hard type of drugs, yes, the heroin, the cocaine, and those that are chemicals. And one of the favorite chemical substances down here is called Trans-go, automatic transmission, an additive, a red substance, and I am sure by now all of you have heard about this.

Those, plus the hard drugs we have more violent crimes or at least the violent acts by young people than I do of the depressant type of drug or the marihuana drug. I do not find I have too much violence in that respect. I am not able at this point to say that these children, or that these young people that come into my court that are charged with, or that I find or adjudicate delinquent for crimes, violations of the law for breaking and entering, petit larceny, use of automobiles without owners consent, I cannot find that they are doing this because they need the money to pay for the drugs that they are using.

I find that these children are doing it out of thrill mostly, and because they want money, whether it is for drugs or for other use. They want to dress sharp, they want to be accepted in their own peer group, and if drugs are part of it, that goes along with it.

Drugs, are being able to have the money in your pocket to spend. I do not find that in these types of offenses that they are doing it purely for the purpose of getting the money to buy drugs. I find it, of course, in the hard-core type of drug offenders that yes, they are. And I have several of them that have come through my court that are heroin addicts, addicted to heroin that they have had to, the girls, engage in prostitution, and breaking and entering, and the boys engage in all types of theft, breaking and entering, and larceny, and credit card use, that they are doing that to pay for this habit they have.

But, those are the minority of the young people, they are exceptional that come in for the juvenile court. I might say this: I know that there are a lot of children that are being picked up for possession of marihuana that never reach us. They are handled at a different level. But I am satisfied, from my experience with it, that a figure of 80-percent involement of drugs in the schools would not be too far off.

I am also satisfied that 90 percent of the children that come before me are or have in some form used some form of drugs, and the other 10 percent I have questions on. I am not satisfied they do not.

Mr. Mann. Thank you.

Chairman Pepper. Judge, we thank you very much. We hope we can come up with some recommendations that will be approved by Congress and will provide some assistance.

Judge Ferguson. I would like to make a recommendation.

Chairman Pepper. We would love to have it.

Judge Ferguson. I would like to recommend that there be enough publicity where we can get the community involved and understand what is really happening here with our young people. The parents that come before me just will not believe that their children are on drugs, and until the child breaks down in the courtroom and starts naming off all of these drugs they have done, and the parents go into shock.

There is not enough community involvement. The parents are not enough interested in what is going on in the schools, other than to complain about how bad the school situation is. But, they do not involve themselves, and neither does our community; I do not see enough help being given to the programs for the pressure users.

Parents say this is not my child, this is some other person's child.

I do not see that the media has gone far enough into working up the community as to the seriousness of this. I have often wondered, Congressman, what is going to happen to our country here when these young people, 80 percent in my firm belief are druggers today to some extent, when they become adults.

Where is our leadership going to be in this country? Where are our Senators and our Congressmen and leaders throughout the country going to come from? The drug users? This is the seriousness, as I see here, and we have to have community involvement. We must have it within the school level. It must at least start at the school level, and within the school itself have some form of program for parents as well as the kids.

Now, I might say again, or I might mention this, not again, I think—as the children are themselves.

I think parents, many of the parents—I would like to be able to find a place to put parents in a program, if I could order them into a program. Sometimes I am tempted to put them in jail because of the way they neglect this part of their child's life.

I think that an additional program such as the Seed or similar type of program as the Seed is mandatory.

Now, whether this be limited, outside of the school I am not prepared to say. There may be additional types of programs, educational programs within the school system, but it has to come Congressman, or else I think our country is going to get in awfully bad shape when these young people reach the age of 20, 25, or 30 or to that age where we are looking for them for leadership.

Chairman Pepper. Judge, thank you very much. We appreciate your coming.

Judge FERGUSON. Thank you.

Chairman PEPPER. The next witness is Chief John Ripa.

John Ripa is the present police chief in Opa-Locka, Fla. His background is quite impressive and worthy to note. He received a law degree from Blackstone School of Law, Chicago, Ill. He was a police officer and detective with the Washington, D.C., police, as well as a New York State Trooper. He spent 7 years with the Bureau of Narcotics working throughout the United States and Mexico as a Treasury Agent. He was also a member of the IRS Organized Crime unit and a member on the Bureau of Drug Abuse Control working out of New York City.

Besides his vast knowledge on drugs in general, he is well aware of the drug problem in the schools. His philosophy for combating drugs is a much stronger approach in educating children on the younger level about the dangers of drugs. He said there is a great need for a "get tough" policy.

Chief Ripa can explain problems and experiences with the young drug user and display the wide variety of drug paraphernalia seized from children in his community.

STATEMENT OF JOHN RIPA, CHIEF OF POLICE, OPA-LOCKA, FLA.

Mr. RIPA. Thank you, members of the committee.

I have been asked to bring some samples of the drugs that we have seized in our city, and I have also taken the liberty of bringing some weapons in connection with the drug raids we have had.

I also brought some weapons which I will lay out, if the committee will be patient, and I will try to explain each and every instance and the items connected with it. I guess I could go on and on with these exhibits.

What I am looking for is actually some of the different, more unique types of sophisticated equipment that are used today.

Mr. PHILLIPS. Well, I am beginning to see why they call it the drugstore.

Mr. RIPA. Gentleman, I have heard a lot of talk here today about the problems we have with our drug-oriented society, and truly so. It is of very, very epidemic proportions in society. Each of these exhibits that you see on this table before you are marihuana, amphetamines, barbiturates, and hallucinogenic drugs, needles, and every one of these items was taken from juveniles. There are many, many more that I have and I could go on and on, but since my taking office in November of 1971, up until today, my little city of Opa-Locka, with a population of approximately 12,000 people, and 4½ square miles, has made 150 narcotics arrests.

I believe I heard some of the statistics from the county officers, and I believe they numbered somewhere around 200. My figures are for the 8-month period I have been in office. We had a very serious problem there. I am happy to say that I believe we have pretty well cleaned up our city. I am also unhappy to say we have driven them to other areas.

The problem that we face now, the particular weapons involved here, relate to juveniles, blacks and white, with switch blade knives and many other weapons. As you can see, they are pretty deadly, and they would just about tear your head off if you were struck with one of them. These weapons involved a gang war between juveniles, black and white, over an area they wanted to take over to deal in narcotics.

We were very fortunate in being able to stop any of the violence. It emanated in the park area. They were all juveniles. Our school system is fairly clean within our city, and most of the children that were busted, go to various north Dade schools. I have talked to quite a few of these children. It is amazing to realize how many of them do use drugs. It scares me. It really does. I had occasion to talk to a 12-year-old child who was on hallucinogenic drugs. In fact, it was the other day and one of my detectives arrested this child. He was with two other accomplices and admitted to commiting some 40 burglaries within our city limits, and 10 other burglaries outside of the city of Opa-Locka, in the country area. These particular children were already on hallucinogenic drugs and marihuana.

They also sniffed glue, transmission fluid, and brake fluid.

Mr. Phillips. And they were 12 years old?

Mr. Ripa. One boy was 12, one was 14, and a 16-year-old.

The widespread dealing that has gone on in the city no longer exists. They are on independent levels now, but it is available to them if they leave the city limits. They can go and get narcotic drugs just about anywhere else.

Mr. Phillips. In preparing for this hearing, Chief, we saw some films of open drug sales on the streets of Opa-Locka which appeared, I think, on one of the national television networks. And I am told there were a number of students who were buying and selling drugs in that area, and in addition teachers were also observed making purchases of drugs; is that correct?

Mr. Ripa. That is correct. When I took office there is one thing we did have a serious problem with. I have 27 men assigned to my department. They were not trained in the field of narcotics enforcement. I actually took hold and trained them. I was able to secure an informant, and we proceeded with the tedious task of making purchases throughout the city, actually in this one particular area. I am happy to say that I knew what I was doing from the start, and I realized that it would be exposed to the public, and reaction was very favorable in that I was able to bring to the attention of the community, and the outlying communities, just how serious the situation was.

At times there were cars lined up in the amounts of seven cars at a time, and you could not get through to purchase narcotic drugs. Some were high school students, both black and white, and some were Miami Junior College students, white and black, and we actually have it on film, the actual hand-to-hand exchange of money, and heroin, and cocaine. And in some cases marihuana.

Mr. Phillips. I have been fortunate enough to see the film, and it is a very dramatic film to many on how drug sales actually take place on the street, and I think in one situation traffic was backed up because people were just waiting their turn to buy drugs on the street here in Opa-Locka.

Mr. Ripa. It was an open-air drug market. One of the persons arrested in connection with that was a juvenile probation officer. The reason I bring this up is that this gentleman held a position of trust. He was out there buying heroin, and he had enough, his quantity, for me to assume that he was dealing or pushing.

Mr. PHILLIPS. And he had the responsibility of supervising children who were in trouble?

Mr. RIPA. That is right, sir. I do not know what the outcome of that particular case was. I believe he was suspended.

We also have the case of two raids of a 15-year-old black boy who was a strung-out narcotics addict, and had scored from one of the larger pushers in that area. This boy, from our investigation we discovered, had returned to the area because the heroin he had received was of very poor strength, and he had a beef with the connection that either he wanted his money back or some other heroin.

The pusher pulled out a pistol and shot him in the head and killed him. He was 15 years old.

What amazed me is that he did leave the scene and was not apprehended at the time. When we arrived on the scene we proceeded with county homicide units to interrogate witnesses. Most of them were addicts. We received no cooperation whatsoever as to the whereabouts, but we did learn of the person that committed the crime. And within an hour this subject surrendered himself in the same area to us.

At the time he surrendered himself, he produced the murder weapon and he also, in giving a statement admitted shooting the boy, but he stated that the boy, 15 years old, had a pistol, himself. And witnesses were reluctant to come forward to say that the boy did not have a pistol. We were not able to prove it, but what amazed me was that this gentleman was charged with second-degree murder. He was out on $2,500 bail the following day.

But, I am also happy to say since that time he has been arrested for other crimes, and he is presently incarcerated. His murder case is still pending.

Mr. PHILLIPS. Do you have any suggestions or recommendations for us, Chief?

Mr. RIPA. Yes. I am very much in favor of education. I believe we should start it at the very lowest level. I am proud to say that in my city we exhibited something that I hope could be done throughout the country. Sometimes when you do something with impact it has amazing results. You can run them out. I have been in narcotics enforcement for almost 20 years, and it has been my experience throughout the country, and outside of the country, that any time you do something with impact on a large scale, they go underground.

I think we should cooperate more with each other. I am happy to say that Alan Richards, who spoke here before, is a very capable man, and I am working closely with him. We do exchange information, but this is at our own level.

But, there is definitely a lack of communication between most local police agencies. I think if we increase this coordination and cooperation we can definitely hinder the traffic right where it hurts.

I also believe it should be worked at every level. There is no specialty today. I heard about these new Federal programs where they are fighting just the heroin. From the statistics we have heard here today, I think the heroin traffic comes fifth or sixth, and marihuana ranks second, I believe.

Now, it is pretty obvious that our youth are involved more with the stimulants, barbiturates and the hallucinogenic drugs. We have go to fight this, too. We cannot just push it aside. It will kill us some day. It is exceeding epidemic proportions.

As far as marihuana legalization goes, I agree with Alan Richards and Dr. Sheppard. I believe both stated very brilliantly that there is no way that they could ever go along with the legalization of marihuana because of the personal experience I have had with the people that use it, and know what the effects of it are, and the THC content which he discussed, and which is very hazardous. If it comes from South Vietnam, it is a hallucinogenic, and it is as damaging as the others, the other hallucinogenics on the market today. How can you possibly, if you do legalize it, put a brand on it and tell what strength it is?

There is a move afoot within the county at the present time that the convention, based on intelligence I have received of persons coming into this area, to turn people on for purposes of the convention. Hopefully we are coordinating with the proper authorities in exchanging information. It scares me, some of the things they are stating they are going to do, and most of this is supposed to be police officers.

One of the street people in the raid that we had in Opa-Locka was a 14-year-old Negro girl. She had been on heroin for 3 years, and she had been a prostitute for some time, to support her habit—at 14 years old.

I wish to point out this specific thing, which is, I think one of the most interesting things. We had a juvenile, 17-year-old, in our cell that I believe stayed there for 2 days. I noticed this on his belt one day and asked him to take it off. He wore it for 2 days without being discovered, and it looks like a plain belt buckle, but, in fact, it is a marihuana pipe and, there is residue in it. That is why I brought it, to show some of the means, and the things that the kids will devise, homemade pipes, and the particular things you see here in front of you taken from 12-year-olds.

Now, these kids did not use heroin, but they possessed these needles which they picked up from hospital trash cans. They were sticking themselves in the arms with it, playing, and these are 12-year-old kids, 9 to 12, putting water in it and shooting it into their skin.

So, as you can see, it appears that in this drug-oriented society there has been idol symbols for a kid to want to imitate the addict, at 9 to 12 years old, and there is something definitely wrong somewhere.

Marihuana is so prevalent in our society, in our youth. We have two parks within our city limits where the kids just sit around under the pavillion and just get stoned. We try to catch some of them, I believe as Judge Ferguson stated before, that the courts very rarely become aware of a situation where we have a child that sold a quantity of marihuana, but what we do in this type of case is that we call the parents, and at that time we might feel that the parents should take over from there, and they can seek our assistance if they want anything further.

But, we have a child with a cigarette of marihuana, which may not be harmful, and we try to give the parent a chance to straighten the child out, and if he does not, then we will step in. But, other than that, gentlemen, I guess I could go on and on, but if you have any questions——

Chairman PEPPER. Yes, sir. Any questions, Mr. Mann?

Mr. MANN. No, sir. Thank you.

Chairman PEPPER. Chief, we could question you for hours and hours here, very possibly, but we are running late and we want to thank you very much. Keep up your good work.

Mr. RIPA. It has been a privilege. Thank you.

Chairman PEPPER. Now, our last witness is Mr. Patrick Tornillo, who has waited all day, and we are very happy that you have waited to testify for us, Mr. Tornillo.

Mr. Tornillo has been a long-time and able spokesman for the Classroom Teachers Association of Dade County, and we are fortunate to have him appear before us today. And we are very grateful to him.

Mr. Tornillo, would you go ahead with any statement you would like to make, and particularly with any recommendations you would like to make to the committee?

STATEMENT OF PATRICK L. TORNILLO, JR., EXECUTIVE DIRECTOR, CLASSROOM TEACHERS ASSOCIATION, DADE COUNTY, FLA.

Mr. TORNILLO. Thank you, Congressman Pepper, and the rest of the panel members. I would like to preface these remarks by letting you know briefly what our involvement as a teachers association has been in the drug problem.

Chairman PEPPER. How many teachers in Dade County, Mr. Tornillo?

Mr. TORNILLO. Approximately 11,500. In 1968 we participated in the attorney general's advisory drug committee, which he convened at that time, and sent a teacher representative there.

And in 1969 we participated with the superintendents' ad hoc committee on drug abuse in the Dade County schools.

In the past year, or this year, 1972, we were very active with the National Association Task Force on Drug Abuse, and that three areas of the Nation were designated by the National Education Association, Denver, Miami, and San Francisco, and we participated with that group in onsite inspection which took place just about 3 months ago in the Miami schools. With regard to that, I do have a copy of that task force report for you.

The members of that task force who conducted the onsite inspection of our schools visited elementary, junior, and senior high schools, and they interviewed and spoke to students, teachers, administrators, school board members, and public officials. They surveyed the drug education material that we had, that we were using in the schools. They went up to the junior college campus, North Dade Junior College campus.

They visited the rehabilitation centers in cooperation with Hy Rothstein, who set up a schedule for them, and who has already appeared before you, and I think the information and some of the recommendations of that task force are pertinent because they are recent.

This task force report was just put together last month, and was not published at that time, and it is, as I have indicated to you, one of the—well, Miami was one of the three areas.

I do not think there is any question that the drug problem in the schools is more extensive, in our opinion, than parents, educators, and the public would like to believe it is. And with regard to that I guess I wish to emphasize this point because I think that the present statistics, and you have heard many, and I sat in on today's session, and Monday's session, or the first day that you held the hearings, and in my opinion, it is only representative of the type of problem burgeoning. I think the real scope of the problem has simply not been revealed, and basically for three reasons: The reluctance to admit it exists, fear of being criticized, and the lack of funds for the preventive programs.

I do think that the focus of this congressional committee on the drug problem in our schools is to be commended in terms of alerting everybody concerned to the acute dangers of the problem. I guess too often our society has a tendency to wait until the problem has reached the proportions that it has before we react.

And we also have a tendency to devote more of our time, effort, and money, to treating the results rather than the cause of the disease, and is where most of the drug education money has gone, in our opinion.

I think when an illness of society reaches the magnitude that drugs have reached in this community, and other communities across the country, unfortunately there is also always a tendency to look for a scapegoat, and I say unfortunately because I do not think this committee is, but too often the public schools have been a convenient scapegoat for a variety of society's ills.

And we are hearing more and more that schools are responsible for the drug problem. And while it is true that some administrators have been reluctant to expose the drug problem in our schools. I think it is equally true that we simply have not had the facilities, the resources, or the money to institute an effective drug abuse preventive program.

It has been a case of not enough money, too late, and spent for wrong purposes. And the lack of overall coordination. You have heard it in law enforcement. I want to emphasize the lack of overall coordination in administering the drug programs, and the various drug rehabilitation centers, private and/or public, and in our opinion at this time it represents complete chaos.

This is in terms of the left hand not knowing what the right hand is doing, and in between.

Classroom teachers are concerned about the problem, and have been concerned for sometime. But, as in so many other areas, I think I simply have to emphasize to you that teachers, classroom teachers have not been in a position to be a part of the decision making process in relationship to the problems in our schools, whether it is drugs or anything else, much less in our society.

And based on our experience, and input from classroom teachers who are on the firing line, gentlemen, because when you get all through with, you know, all of the money and all of the programs, and all of the experts, what it really comes down to is a teacher-student relationship, and that is what we call the firing line.

That is what we call confrontation between the student and the teacher. And if everything that is done does not to some degree reach that level, then everything you have done is wasted.

I would like to give two recommendations to you along those lines.

One, that funds be provided for extensive and in-depth training of teachers during the summer months and during the school year in methods related to dealing with the cause of the problem rather than the results, and in awareness and identification of drug abuse, with one caution: Do not expect classroom teachers to overnight solve the drug problem. Every time a problem exists, whether that is an integration problem, whether it is any other problem of society, too often our schools have become, I guess, dumping grounds, in a sense, for all of the problems.

And I say this to you in all seriousness, almost to the point where we have in some cases lost sight of the objective of education to begin with. And teachers more and more are being asked to take on more and more duties and more and more responsibilities.

So I say that with that caution, that funds be provided for fulltime drug counselors in each secondary school, with direct access to students, referral facilities, law enforcement agencies and the courts. When I say drug counselor, I mean a person who is trained in dealing with students and dealing with the particular problem of drugs that teachers can refer students to.

And when I give you a later recommendation you will understand why a drug counselor.

Second, that laws be passed which grant teachers the right to hold information received in confidence, to be able to refer students for help without the fear of persecution or arrest, and to hold teachers harmless from prosecution. And I want to emphasize that point to you, and just simply say to you that teachers are not going to turn students in if the only alternative is suspension and arrest of the student, and fear of civil action being taken against the teacher. That is a very strong point that came out in the task force report, the need for confidentiality in the laws that will protect both the teacher from civil arrest, and provide an alternative to a teacher turning the student in, when the teacher knows that that simply means arrest, and not help, and not assistance, and nothing in terms of helping that student.

If they think the student is going to get a record, many of the teachers simply are not going to do it.

Also to provide money, to provide a direct referral system. By "direct referral system" I guess we are talking about—and a lot of people have mentioned the Seed program, and I think it is, from what I know, it is a good program, but I am not sure it is the only one—what I am talking about is that I do not think any of us really know what kind of program, and I hate to give any program a name, so I am going to give it an underlying concept.

Maybe there are a variety of forms, so that the classroom teachers and the drug counselors can refer students directly to drug treatment and rehabilitation centers which show a high promise of success. And that those drug treatment and rehabilitation centers be based on the concept that the most successful drug program is one in which a peer relationship exists, and one in which a double-imposed standard is not the underlying concept of the program. You heard Judge Ferguson talk a little while ago, and I concur with practically everything he said. talk about the pressure that gets kids into drugs, and really what the Seed program, its basic concept is, is peer pressure in reverse.

And I think that based on the success that they have had. and other programs of a similar nature have had, with that underlying concept, where it does involve the parents, but more than that it involves the peer relationship concept, that that is the kind of thing that we need.

And now I am not saying that the schools should run those programs.

Mr. PHILLIPS. Why not?

Mr. TORNILLO. Well, I am simply saying that I do not think the school should run those programs because I think there is more involved. I think the school should have access to programs. I think they should be foundation-type things or community groups, or a variety.

Mr. PHILLIPS. I disagree with you. One of the things that troubles me, and if I may, it may not trouble anyone else, but it troubles me that we have an educational problem in trying to instill in these young people getting involved in drugs character, and decision, and values that will keep them away from drugs, and the educational experts in this country are in our school systems. They are the ones who should be able to create an educational program, rehabilitation program to get this kid, you know, back on the right track.

Now, we have not done that. The educational system has not done that. What we have done is left it to people like Mr. Barker whose experience in this area has been as an alcoholic, and his own rehabilitation. We have left it to the ex-drug addict or to highly motivated people who really do not have the skills and education to come up with an educational program. Some of them have been fortunate, and they have done well. But why is it that the schools and educators and experts in education are saying we will refer the problem to someone else? Why don't the school systems, themselves, address the problem and create their own programs?

Mr. TORNILLO. You must misunderstand me, then. I am not saying that. I am saying that we should be deeply involved in the establishment of the drug treatment and rehabilitation centers, and I will take it one step further.

I think that we must insist that the work in the establishment of the treatment centers, that the educational factor receive equal emphasis with medical rehabilitation, which is simply not the case today.

So, I am simply saying that I do not think that the schools, alone, should be the ones involved. There should be a cooperative effort of the establishment of treatment centers. We should have direct access to them. Teachers should be able to refer students directly, counselors should be able to do it. The educational aspects of that student should be taken care of and, you know, it kind of is almost to the point where we have forgotten some of the lessons of the past, you know, even in prison they provide an education.

And in most of the drug rehabilitation programs that is lacking, and so my guess, if that is a criticism, then it is a valid criticism. And I think we do have to be involved. I am not at all saying we should not. I am simply saying that I do not think the schools and the school system alone should be the ones involved. It has to be a cooperative effort.

And I guess my last recommendation would be that funds be made available to provide a public information program aimed at the parents and citizens to enable them to understand and deal with the drug problem and, of course, that is what Judge Ferguson brought out. I think the lack of concern, understanding, and involvement of parents until it is too late, oftentimes it is really too late.

There were a couple of comments that have been made today that perhaps I would disagree with. And I would like to say enforcement of laws is certainly not our area as educators. But, I have a feeling that enforcement is simply not the answer in our schools, and perhaps not the answer to the drug problem.

And while it has to be done, I think that far more emphasis, if we are ever going to solve this problem, has got to be placed on the preventive action, and on the kind of things that get at the cause rather than the symptom, the cause rather than the results.

You do have a copy of the book before you, the NEA task force report. There are several recommendations in here which I believe are pertinent with regard to specific recommendations which I am not going to take the time to read to you now.

But, it gets to teacher preservice and inservice training. Very specific types of recommendations a very, very honest analysis, I would say, because there is considerable criticism in the task force report of educators, of teachers, of administrators, of the educational family. Perhaps we have not done enough, or at least we have waited too late for, hopefully we have not waited too late. Perhaps this report should have been out 4 years ago.

Chairman PEPPER. Without objection, it seems rather lengthy to put it in the record in its entirety—it is several pages, is it not?

Mr. TORNILLO. Yes.

Chairman PEPPER. I will ask the staff, if you will be good enough to file that with the committee——

Mr. TORNILLO. I would be happy to.

Chairman PEPPER. I will ask the staff to, if you will, excerpt the recommendations that are there for inclusion in the record.

Mr. TORNILLO. I will be happy to.

Chairman PEPPER. Mr. Mann, any questions?

Mr. MANN. Just one, I think, with reference to the problem of the teacher reporting. I am not sure I understood your recommendation on confidentiality. That would run from the teachers to the administration if they reported, and they would be protected from being charged with libel; or what is the purpose of that?

Mr. TORNILLO. Well, we have had a couple of cases. I think that teachers are fearful that if they get involved with the drug problem, and so forth, they can be subject to civil actions by parents, and so forth.

And I think that we have had enough experience with regard to assault and battery cases with respect to corporal punishment, that teachers, you know, are kind of gun shy with regard to even getting involved.

Mr. MANN. There now seems to be some evidence that guidance counselors are considering disclosures made to them by students as being privileged or confidential. Do you have an observation on that?

Mr. TORNILLO. Yes; I think that is exactly what I am talking about. I think that if the drug counselors' position were created, I think that drug counselor ought to be given a kind of confidentiality to be able to deal with the students. They are simply not going to communicate, they are simply not going to do it if they realize that if they go to a counselor, and the counselor is simply going to report them to the police, and they are going to be arrested.

I think you just have destroyed the effectiveness of the teacher or counselor if that situation exists, unless you allow that counselor another alternative, such as the ability to refer that student who has come to him, to a drug rehabilitation center, treatment center, without fear of arrest or prosecution.

Mr. MANN. Well, when you say "refer" you are talking about involuntary referral?

Mr. TORNILLO. I have heard the comments that have been made with regard to voluntary and involuntary. I would be apprehensive at this time to install an involuntary referral system in the schools. I would think that it would have to be voluntary. I think an awful lot of it is going to have to depend on a completely new attitude that we built up between students and teachers of trust, of that kind of feeling.

I am just reluctant and apprehensive about an involuntary system conducted through the schools, at this time.

Mr. MANN. Thank you, Mr. Chairman.

Chairman PEPPER. Mr. Tornillo, have you any comment to make upon the policies of the Dade County Board of Public Instruction, and the administrative authority of the Dade County school system in respect to the drug problem in the county?

Mr. TORNILLO. Well, I do not think, Congressman, that the Dade County School Board perhaps is any different than any other school board across this country. I think that our teachers organizations or any other group, I think we have all had our heads in the sand to some extent, and I think the important thing is regardless of what we have not done in the past, is that we become aware of what we have not done, and get together to do something about it now and in the future.

Chairman PEPPER. In other words, you do feel that it is an absolute necessity that the facts be exposed so as to know the magnitude of the problem?

Mr. TORNILLO. There is no question in my mind about that, Congressman, and there is no question in my mind that more funds have to be provided, and that greater coordination needs to exist and teachers have to be more involved in it. We have always made the mistake, regardless of whether we are talking about the drug problem, curriculum, or what have you, of not involving the people who eventually have to implement, have to actually do whatever other people have dreamed up. And I think the teachers of Dade County, and the teachers across this country are ready to assume their responsibility if they are allowed to be involved in the process if the people will even listen—sometimes we have difficulty even getting people to listen to what teachers have to say.

Chairman PEPPER. Mr. Tornillo, I majored in education, myself.

Mr. TORNILLO. I am aware of that.

Chairman PEPPER. Although I did it to be a lawyer, I taught school 1 year in the public schools of Alabama, and in the first year in the grammar school, and the high school, and taught a year of law school at the University of Arkansas. I have always been a teacher at heart. And I have great respect for the teacher. But it is an interesting commentary that so far as I know as a citizen of this community, and so far as this committee has heard in 3 days of testimony, that the most outstanding treatment and rehabilitation facility in two great counties, Broward and Dade, which have a total population of some 2 million people, that the most outstanding one is the one that was organized, initiated, and has been operated by a man who was an entertainer. I do not think he ever had any particular formal education. I do not recall his saying anything about having a college degree. He is not a professional man in the sense that we speak of one being a professional man.

And yet he has been the one that has developed an outstanding treatment center that is accorded and acclaimed by large numbers of people, most of the people that we have heard from.

Mr. TORNILLO. Congressman, I have no problem with that because, as an educator, I am not one of those who believes that we cannot learn from others.

Chairman PEPPER. Well, I think you are right about that, and the genius of leadership is something that is born into one rather than something that one acquires. And he does seem to have the capacity, just like the captain of a football team, or coach, the various coaches have something that a lot of men do not have that make men military leaders, and other leaders. They have some sort of divine quality of leadership.

But, I think you have put your finger on it, and I commend you, that surely the knowledgeable people in the educational field, and the political field must come up with some kind of program, then we who are in office can help them to implement to try to deal with this problem, must they not?

Mr. TORNILLO. Absolutely.

Chairman PEPPER. Thank you very much, Mr. Tornillo. We appreciate your coming here, and we are very grateful to you.

(Mr. Tornillo's prepared statement and the recommendations previously referred to follow:)

PREPARED STATEMENT OF PAT L. TORNILLO, JR., EXECUTIVE DIRECTOR, DADE COUNTY (FLA.) CLASSROOM TEACHERS ASSOCIATION

There is no question that the drug problem in schools is far more extensive then parents, educators and the public would like to believe it is. The focus of this Congressional Committee on the drug problem in our schools is to be commended in terms of alerting everyone concerned to the acute danger of the problem. Too often our society has a tendency to wait until a problem has reached monumental proportions before we react. We also have a tendency to devote more of our time, efforts and money to treating the results rather then the cause of the disease. When an illness of society reaches the magnitude that drugs have reached in this community there is also a tendency to look for a scape-goat and the public schools have always been a convenient scape-goat for a variety of society's problems.

While it is true that some school administrators have been reluctant to expose the drug problem in our schools, it is equally true that we simply have not had the facilities, the resources or the money to institute an effective drug abuse program. It has been a case of not enough money, too late and spent for the wrong purpose.

The lack of overall coordination in administering the drug problem in our society and in our schools has been the rule rather than the exception. Classroom teachers are concerned about the problem and have been concerned, for sometime, but as in so many other areas, teachers have not been in a position to be a part of the decision making process in relationship to the problems in our schools much less in our society. Based on our experience and input from classroom teachers who are on the firing line and have to deal with the problem on a day to day student to teacher basis, I would like to make the following recommendations:

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1. That funds be provided for extensive and in depth training of teachers during the summer months and during the school year in methods related to dealing with the cause of the problem rather then the result.

1a. That funds be provided for a full-time counselor in each secondary school with direct access to students, referral facilities, law enforcement agencies and the courts.

2. That laws be passed which grant teachers the right to hold information received in confidence, to be able to refer students for help without the fear of prosecution or arrest and to hold teachers harmless from prosecution.

3. To provide a direct referral system so that classroom teachers and drug counselors can refer students directly to drug treatment and rehabilitation centers which show a high promise of success.

4. That funds be made available to provide additional facilities based on the concept that the most successful drug program is one in which a peer relationship exists and one in which adult imposed standards is not the underlining concept of the program.

5. That funds be made available to provide a public information program aimed at parents and citizens to enable them to understand and deal with the drug program.

[From a report of the NEA Task Force on Drug Education entitled "Drug Education, An Awakening," June 15, 1972, pages 10–18]

RECOMMENDATIONS

I.—RESPONSIBILITY OF STATE AND LOCAL EDUCATION ASSOCIATIONS

Goal

To strengthen and clarify the role of state and local education associations in influencing the development and implementation of effective programs of drug education designed to meet the needs of the community, the school, and the student.

Rationale

As a member of a professional association, the teacher has the power to bring about change through group action. The fact that the teacher has this power has been amply and frequently demonstrated in the economic area. Only now, however, is the potential power of the organized teaching profession to bring about change in areas of social and educational reform being recognized.

An important adjunct of this power is the highly sophisticated communication network that has been created by the professional associations to bind teachers together within communities, within states, and across the country.

The Task Force on Drug Education looks to state and local associations to help lead the way in influencing state and local school authorities to develop educational climates favorable for humanistic education and to provide rational programs of drug education.

RECOMMENDATIONS

1. FOR THE LOCAL ASSOCIATION

We urge the establishment of drug education committees in every local education association. These committees should be given the responsibility of—

a. Gathering information about drug information and making this available to members of the association.

b. Assisting in presenting both to the public and to school authorities the need for a curriculum that reflects the societal need for humanistic education. Where drugs are involved, both preventative and alternative courses of action should be given emphasis.

c. Representing to local education authorities the importance of including students, teachers, and parents in the development of drug education programs.

2. FOR THE STATE ASSOCIATION

We urge the establishment of drug education committees at the state level with the following functions:

(a) Initiation and support of legislative action that improves education or the educational climate—i.e., funding, confidentiality, etc.

(*b*) Defense of the right of due process for suspected, alleged, or actual violations of criminal codes for all those involved in education.

(*c*) Support of local associations in their attempts to develop educational climates favorable for humanistic education.

(*d*) Development of guidelines for in-service education workshops for teachers—funded from Federal, State, or local funds—that emphasize mental health concepts and communication skills.

(*e*) Assistance to local associations in implementing the NEA guidelines proposed in this report (see Recommendation II, Quality of Drug Education Programs) for the development of drug education policy.

(*f*) Assistance in facilitating a two-way flow of information about drug information between the NEA and local associations.

II.—QUALITY OF DRUG EDUCATION PROGRAMS

Goal

To develop criteria for the implementation and evaluation of drug education programs which would be revised, reevaluated, and updated at regular intervals.

Rationale

Many programs have been developed by administrators and/or counselors and teachers without any input from the lay public and/or students or school nurses, all of whom are essential to the development of a successful drug education program.

During the field studies, members of the Task Force found a total lack of concern among the local teachers associations. They were not interested in becoming involved in influencing the quality control of this segment of the curriculum and, in most cases, felt it was not the prerogative of the local association to deal with this subject.

The Task Force found the greater percentage of existing drug education programs to be superficial and educationally poor. Some of the programs, because of false statements made by misinformed or uninformed educators, could very well have contributed to the increase in drug usage in this society. Much money is being wasted on poor materials and misinformation—often worse than no information at all.

RECOMMENDATION

The NEA should, in cooperation with other public and private agencies such as the U.S. Office of Education's Drug Abuse Program and the constituent agencies of the National Coordinating Council on Drug Education (a private agency), develop guidelines for the identification of those parts of existing drug education programs that are successful, and for the evaluation of drug education program content. Local and state associations, lay community members, school nurses, and especially students should be involved in evaluating programs. Perhaps, rather than giving tacit approval to materials acquired, students might act as an evaluation team. This might be a means of getting students involved and could serve to break down barriers since all are seeking valid information.

Drug education programs that do not pass the evaluative criteria should not be used but should instead be replaced by other methods.

III.—DRUG POLICIES IN SCHOOLS

Goal

To have the NEA develop guidelines for uniform drug policies in schools.

Rationale

School drug policies are often developed without full involvement of appropriate groups. Too often drug policies inhibit effective drug education by—

Dictating what should be taught.

Requiring that all drug user information be reported (whether truth or rumor).

Causing persons to be placed in compromising situations when dealing with drug involvement.

Present school policies often punish an individual with little regard for other penalties already imposed by civil authority. Policies are frequently implemented in haste to ensure smooth operation of the institution, jeopardizing the rights and dignity of those involved in the drug situation.

RECOMMENDATIONS

1. The NEA executive secretary should be authorized to take the steps required to commission a study on drug policies in schools, and particularly the legality and/or constitutionality of these existing drug policies as they pertain to double jeopardy.

2. The NEA should advise state and local associations of guidelines developed for drug policies in the schools.

3. The NEA should assume an active role in training representatives of state and local associations to negotiate the development and implementation of responsible drug policies in the schools.

IV. CONFIDENTIALITY

Goal

To create schools that operate in an atmosphere in which communication can be shared openly among all persons involved and that at the same time protect persons to whom information is given in confidence.

Rationale

Educators and auxiliary staff are often threatened by legal implications resulting from their interaction with students. This threat generally arises out of the conflict between educational and legal ramifications and interpretations of a problem.

In most cases, the best course for all concerned is to share all information. However, the Task Force is aware that, in some instances, withholding of information would aid in solving the problems of the persons involved. The Task Force also agrees that the concept of confidentiality has not been thoroughly researched in terms of legality and desirability.

RECOMMENDATION

In light of our concern, we strongly recommend that the NEA take the leadership in convening a committee composed of representatives of agencies and organizations involved in areas of confidentiality in order to develop a policy statement and recommend action relating to problems of confidentiality in educational institutions.

V.—SELECTION OF MATERIALS

Goal

To establish criteria for the selection of materials used in drug education programs.

Rationale

The Task Force feels that the NEA, as the nation's leading professional organization of teachers, should and must demand that quality, not quantity, be the criteria for the selection of materials to be used in the nation's classrooms.

The Task Force feels that the NEA has taken few, if any, steps to provide criteria for screening and evaluating materials on drug education. Because of this failure, much false material has been produced for and used in drug education with widespread indiscretion in schools across the nation. Commercial agencies have taken advantage of the concern caused by the emergence of the drug problem and have produced and sold much material without thought of quality. The Task Force feels that use of false, poor, emotionally oriented, and judgmental materials is more harmful than no materials and is not indicative of the NEA's desire for high-level educational materials.

The Task Force further feels that drug education is a vital part of the school curriculum, and because of the mental, physical, social, and emotional implications involved in drug usage, special emphasis must be placed on the validity of materials used in the classroom or in community centers.

RECOMMENDATIONS

1. All materials dealing with drug education that are published or distributed by the NEA or its departments, national affiliates, and associated organizations should be cross-checked by an evaluating agency—e.g., the constituent agencies

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NOTE.—For recommendations relating to student confidentiality, see National Education Association. Task Force on Student Involvement. *Code of Student Rights and Responsibilities.* Washington, D.C.: the Association, 1971. pp. 11–16.

of the National Coordinating Council on Drug Education or other such reputable agencies—designated by the NEA. Articles written and/or published by the NEA must also be validated by such agencies. The NEA should also make every effort to keep the membership informed of those materials that are approved by the NEA and to call attention to those that are highly unacceptable.

2. The NEA should, through cooperation with existing screening agencies, ensure accurate, informative, unbiased material in every area of the educational spectrum.

VI.—TEACHER PRESERVICE AND IN-SERVICE TRAINING

Rationale

The presence of drug misuse among all levels of our society is a symptom of a deeper problem—i.e., individuals are not equipped to handle stress situations because they lack—

A positive self-concept.

A workable value system that includes the acceptance of the values of others.

Skills for intelligent decision making.

Skills for adequate communication.

Awareness of outside influences on decisions.

Awareness of alternatives to chemicals as a means of recreation or of handling stress situations.

Teacher training institutions should, therefore, develop programs and establish courses to help the prospective teacher know himself and develop criteria for use in knowing others, and to aid him in developing an understanding approach in any subject he teaches. Further, no teacher trainee should leave an institution of higher education without being aware of the drug problem among students or the methods that might be used in drug education program.

In-service programs should provide the experienced teacher with the know-how and the tools for teaching about drugs at any point on the educational spectrum. Stricter screening of teachers, both those in training and those already teaching, should be implemented to prevent those who are incapable of helping students develop healthful attitudes from entering or remaining in the profession.

Fortunately, the NEA is committed to helping teachers play a relevant role in the continuing professional education of its members. It has decided that this can effectively be accomplished through the seminal activities of several National Teacher Centers sponsored by the NEA.

RECOMMENDATIONS

1. The NEA, working with the Student NEA and other appropriate groups, should utilize the National Teacher Centers to take the lead in developing preservice and in-service training programs that will influence teacher training institutions to center their programs around a human values approach.

2. The NEA should develop guidelines for an in-service drug education training program which could be used by state or local education associations or individual school districts. The guidelines should be so designed as to encourage teachers to see the need—and have the know-how—to deal with drug use and misuse through a dignified, human approach. Such guidelines might be patterned to—

(*a*) Utilize consultants and students from existing programs that use this type of approach.

(*b*) Develop follow-up programs.

(*c*) Develop tools for evaluation of the program.

3. The NEA, in cooperation with other agencies, should develop a list of drug education consultants available to work with teacher training institutions and in-service departments.

VII.—ACCOMMODATION TO CULTURAL PATTERNS

Goal

To work toward the development of drug education materials, curriculums, and methods of instruction that take into account linguistic and cultural differences.

Rationale

In many parts of the country the lack of mastery of the English language prevents minority groups from receiving needed information when that information is produced in only one language for only one culture. In addition, many individuals are literate in English but live in communities where life patterns are influenced by subcultures that differ in varying degrees from the prevailing national culture. Perhaps, because of other social, political, and economic barriers, the need for bilingual, multicultural drug education programs may be even greater than in areas that are not confronted with these situations.

RECOMMENDATIONS

1. The NEA must concern itself with the education of all segments of society. It should encourage the production and dissemination of drug education materials and information that are presented in more than one language and that take into account cultural concepts of the people of a particular area.
2. In those areas of the country where there is a blending of two languages or cultures, multiple representation should be utilized in the interpretation of drug education programs in the schools and in the community.
3. The Task Force supports the findings of the NEA Council on Human Rights' conference on bilingual instructional materials and urges that these be communicated to publishers of drug education materials.

VIII.—ADMINISTRATION OF PRESCRIBED MEDICATION IN SCHOOLS

Goal

To establish a means for the development of policy and procedures for the administration of drugs to students during school hours that will assure the accuracy as prescribed.

Rationale

Many children are able to attend school regularly because of the effective use of medication in the treatment of chronic disabilities or illnesses, either physical or emotional. Although medication should be administered at home, effectiveness dictates that some drugs be taken at school.

Parental concern about apparently healthy children who are "completely unmanageable" and unable to succeed academically has forced physicians and school personnel to collaborate and try to create conditions that would make it possible for this type of child to learn. We found much concern on the part of doctors, school nurses, and teachers that educators may be indiscriminately recommending the use of drugs to modify behavior.

RECOMMENDATIONS

1. The Task Force recommends that a joint committee be formed including members from the following agencies: the American Association for Health, Physical Education, and Recreation; the NEA Department of School Nurses; the NEA; the American Medical Association; and other appropriate agencies. This committee should consider the problems involved in administering prescribed medication to students in schools. Among the problems that we believe the joint committee should consider are:

(*a*) The desirability of having school health service personnel responsible for the administration and control of drugs dispensed during school hours.

(*b*) The establishment of a more definitive diagnostic procedure for diagnosis of hyperkinesis and learning disabilities.

(*c*) The desirability of establishing a regular follow-up program including consultation with school nurses, physicians, parents, and teachers for children who are on behavior-modification drugs

(*d*) The desirability of enacting regulations in elementary schools that would require that the first dose of any behavior-modification drug be given by the school nurse.

2. The Task Force recommends the establishment or continuation of an ongoing liaison among—

(*a*) The NEA Department of School Nurses.

(*b*) The School Health Division of the AAHPER, and

(*c*) The Joint Committee on Health Problems in Education of the NEA and the American Medical Association.

3. We recommend the establishment of guidelines pertaining to the facilitation of communication among parents, educators, school health personnel, and physicians concerning the administration of prescribed medication in the schools.

IX.—STANDARDIZATION OF DRUG LAWS

Goal

To standardize drug laws.

Rationale

* * * one of the greatest needs in the entire drug area is uniformity of state laws with regard to structure and penalties. While this recommendation applies to all drugs and not just marihuana, we feel it essential to make this recommendation now to help deemphasize the marihuana problem. Significant differences in penalties among the states constitute a valid source of irritation and conflict among various segments of our population. In an age of high mobility, it is unconscionable that penalties should vary so greatly in response to the same behavior.

RECOMMENDATIONS

1. In light of these findings by the National Commission on Marihuana and Drug Abuse, the Task Force supports the position of this Commission, which embodies disapproval of marijuana use while removing the criminal stigma and the threat of incarceration for users.

2. The Task Force urges that state and local education asociations be encouraged to seek standardization of drug laws in their respective states, and that federal legislation be sought to standardize drug laws.

3. In dealing with standardization of drug laws, the drugs themselves must first be categorized correctly. Using the New York State Department of Health's *Desk Reference on Drug Abuse (2nd edition)*, the Task Force recommends that the following categories be used nationwide:

(*a*) *Cannabis* (examples: marijuana, hashish, or any product of the hemp plant, cannabis sativa)

(*b*) *Narcotic Analgesics* (examples: opium, morphine, heroin, paregoric, codeine, meperidine (demerol), methadone (dolophine))

(*c*) *Central Nervous System Depressants*

(1) Barbiturates (examples: amytal, tuinal, nembutal, seconal)

(2) Volatile Hydrocarbons (examples: glue, paint and paint thinner, nail polish removers, aerosols, lighter fluid)

(3) Belladona Alkaloids (examples: belladona, scopolamine, hyoscyamine, stramonium, atropine, homatropine)

(4) Other Sedatives and Minor Tranquilizers (examples: miltown or equanil, librium, valium, noludar, valmid, placidyl)

(*d*) *Central Nervous System Stimulants*

(1) Amphetamines (examples: benzedrine, dexedrine, desoxyn, methedrine, preludin)

(2) Cocaine

(*e*) *Hallucinogens* (examples: LSD, psilocybin, peyote/mescaline, morning glory seeds).

In addition, the Task Force recommends that a sixth category be established:

(*f*) *Socially Acceptable, Legal, Physiological and/or Psychological Dependency-Causing Drugs* (examples: alcohol, caffeine, aspirin).

X.—TRAFFIC IN NARCOTIC ANALGESICS

Goal

To develop more effective approaches on the part of the NEA to strengthen NEA Resolution 71–27 relating to improved international agreements for controlling drug supplies at the source.

Rationale

The Task Force feels that present laws which provide for criminal action against those trafficking in narcotic analgesics are sufficient, but that more strict enforcement of these existing laws is necessary. The NEA, through its association with and membership in the World Confederation of Organizations of the Teaching Profession, should concern itself with the magnitude of international traffic in narcotic analgesics.

RECOMMENDATION

While there are widespread economic and political implications in the area of international narcotic analgesic traffic, the Task Force recommends that the NEA, through its legal counsel, Legislative Commission, and Committee on Internal Relations, wherever feasible, cooperate with foreign teachers associations and other international agencies in seeking to control world-wide production and traffic in narcotic analgesics.

QUESTIONS FOR FURTHER STUDY

Although the mandate of the Task Force was restricted to a study of the educational implications of drug abuse, other questions of concern to the teaching profession came to the attention of the Task Force. The following recommendations are designed to suggest further areas of study and policy formulation on the part of the NEA and its state and local affiliates:

RECOMMENDATIONS

1. The profession has a responsibility for establishing guidelines for the behavior of teachers in respect to the use of drugs; for the assurance of due process to members against whom allegations of drug misuse have been lodged; and for determining what, if any, new or different standards for teacher behavior in respect to the use of drugs need to be established. The profession has a similar responsibilty for guaranteeing due process for students allegedly misusing drugs.
2. The NEA and its state and local affiliates must address themselves to seeking ways whereby solutions can be found—by both education and political means—to the social problems of which drug misuse is but a symptom. This calls not only for passing resolutions that direct the attention of the profession and the public to areas of needed social reform but also for directing legislative intervention on issues relating to military posture, civil rights, and other fundamental social questions.

IMPLEMENTATION

As a result of their contacts with teachers and students across the country, the members of the NEA Task Force on Drug Education know that teachers and students want to serve as a positive force in the development and implementation of drug education programs, but that teachers are confused as to their role.

RECOMMENDATION

To give teachers individually—and state and local associations organizationally—the leadership they seek, the Task Force recommends the establishment by the NEA of an *Advisory Committee on Drug Education.*

The Committee would be augmented by resource personnel from the principal national public and private drug education agencies and designated by those agencies.

The Committee should have the benefit of the staff services of an individual whose experience in the area of drug education includes participation in the development and/or implementation of national drug policies.

Functions of the Advisory Committee

1. Advise the president of the NEA on testimony to be presented on behalf of the NEA in congressional hearings on new legislation or in oversite hearings.
2. Develop guidelines for the activities, functions, and methods of funding of state and local drug education committees.
3. Advise the officers and the president of the NEA on the adoption and/or modification of policies of the NEA as they relate to drug education.
4. Assist in the implementation of the recommendations given in this report and monitor their development.
5. Establish guidelines for control of publications.

Chairman PEPPER. I see Mr. Young in the audience trying to get my attention. Did you want to say something?

STATEMENT OF POSTIN YOUNG, PUBLIC INFORMATION DEPARTMENT, DADE COUNTY (FLA.) PUBLIC SCHOOLS

Mr. Young. Yes: may I have just 1 minute?

Chairman Pepper. Come right around, we will be glad to hear you, and for the record, give your name and position, please.

Mr. Young. Yes: Postin Young, public information department, Dade County public schools.

Mr. Phillips, you have asked for the past 3 days, and I am sorry you did not receive an answer, but you kept asking: What do we do about the child that we find using drugs in the school other than just suspend them?

Mr. Phillips. Yes.

Mr. Young. And you never received an answer, and I would like to give you that answer.

We write a letter to the parents informing the parents of the suspension, and the reasons for the suspension, in detail, as to your child has been using drugs, we have noticed it on different occasions, he has become unruly in the classroom and such, and that your child is up for suspension.

Mr. Phillips. On how many occasions have you done that?

Mr. Young. We do it with every occasion that is reported.

Mr. Phillips. How many?

Mr. Young. I would not want to venture, offhand, sir, but I would say we have an average of 10, I would say nine to 12 suspensions that go in front of the board every 2 weeks. Of that nine to 12—this is off the top of my head, now—I would venture to say that five, perhaps, or six of those, are for reason, of the word, as we use in the school, mood modifier. That is the word we use.

Mr. Phillips. Nine to 12 children every 2 weeks?

Mr. Young. Twice a month.

Mr. Phillips. Every 2 weeks nine to 12 are suspended from school?

Mr. Young. I would say we have approximately 18 to 24 suspensions, here lately, a month, that go before the board. Of that five to six of those might be just for mood modification. Most of them are unruly in school and cannot get along with the other children, have assaulted a child, and such, and perhaps mood modification. But, regardless of what it is, whether it be an assault on a teacher, assault on a pupil, whether it is extortion, whether it be mood modifier, the counselor of that school first notifies the child.

The principal is the one that gives the recommendation to the administrative staff that that child be suspended from school. The counselor of that school tries to contact—and sometimes in this area I think you will find this true overall—it is extremely difficult to contact that parent by phone, day or night, either they have just left, or whatever, I do not know what it is, but it is extremely difficult. We send a letter to the parent, telling of the reasons, and also when the suspension hearing will be held.

And they have a time element before that to write a letter back to us, to contact us in any way they want, if they would like to appear, or just write us a letter on behalf of their child, you know, to be suspended from school.

If we think it is one of these cases where we have not been able or have not tried hard enough before we bring it to the board, we send another letter. There have been occasions when the counselors themselves will go out from the school to the parents' home to try to contact the parent and say your child is being suspended.

We have found, just like Judge Ferguson said to you, just like Art Barker said, if you remember Art Barker said the other day he would like to have a cell, sometimes, for some of the parents, to put them away, and if you remember Judge Ferguson said he is not——

Mr. PHILLIPS. After they send the letter, what happens?

Mr. YOUNG. If they do not show up, then our only alternative is to turn around and suspend the child. As a rule, what we do with that, we assign that child to a special education center. If the child is old enough, it might be to the vocation center or one of the special education centers. We then inform the parents again that they are to go down and enroll that child into this special educational center.

Mr. PHILLIPS. What is the educational center?

Mr. YOUNG. In other words, if the child you would say is old enough, we will send them to Hopkins on a part-time basis if the child wants to. We do not close the door upon that child for education any more than we would close the door on the child that has been adjudicated by the courts.

Mr. PHILLIPS. What I had asked Mrs. Miller, who is a member of your board, and she does not know, I asked her what happens to these children who get suspended, and she said she did not know. And she said they kept asking the administration what happened to these children and they could not tell her.

Mr. YOUNG. No; I think what Mrs. Miller was talking about, sir, was the fact that what happens to them if the parents do not want to do anything about it, and they do not go to the education school, and they do not take advantage.

Mr. PHILLIPS. All right, what happens if the 16-year-old or the 15-year-old child does not show up?

Mr. YOUNG. Then another letter will be sent out to the home, asking where the child is, and then to the point where we have put in a truancy report on the child.

Mr. PHILLIPS. Do you get the child in the program?

Mr. YOUNG. Again, I reiterate, sir, like Judge Ferguson said, and everybody else said, that we cannot bodily take this child by the hand and grab him, and put him into a car and take him to one of these things. We have referred children to places like the Seed and the rest of them. We have referred the parents to them, but unless the parents take the initiative, there is no way without this involuntary commitment that you were talking about, that it could possibly be done from our viewpoint.

I also take the view of Pat Tornillo. I would like to look further, a lot further into the ramifications of involuntary commitment.

Chairman PEPPER. Mr. Tornillo?

STATEMENT OF PATRICK TORNILLO, JR.—Resumed

Mr. **Tornillo.** Maybe I could help a little bit. I think we are talking about two different things, suspension and expulsion. With suspension the child returns to school after the suspension, whether it is 10 days, or whether it is 30 days of suspension.

Mr. **Phillips.** What happens during the 10 to 30 days?

Mr. **Tornillo.** During that time the child is either given work to do, is assigned work, or what have you.

Mr. **Phillips.** He can stay home?

Mr. **Tornillo.** In a suspension, outside——

Mr. **Phillips.** He can go to the beach and shoot up?

Mr. **Tornillo.** Yes, during the suspension.

Mr. **Phillips.** That is what I thought.

Mr. **Tornillo.** And the expulsion, of course, is even more drastic. There the expulsion is from the public school system, and we recently, in the last 2 years, instituted a special school where the child who is expelled from the regular school can be assigned there, not automatically, but can be assigned there if there is the feeling that he could be rehabilitated.

Mr. **Phillips.** How many children in that special school?

Mr. **Tornillo.** Very few. I guess last time there were 40 or 42.

Mr. **Young.** Forty-three.

Mr. Phillips, I do not think Mr. Tornillo and I are arguing about the point. What we are trying to do, I think both of us will agree, we just cannot do it.

Chairman **Pepper.** Do you have anything else?

Mr. **Tornillo.** No, sir. No, sir.

Chairman **Pepper.** Oh, yes, the young lady here wants to say something.

Come up here to the microphone so we can get you. Give us your name, please, and where do you live?

AUDIENCE DISCUSSION: MARI, STUDENT, CORAL GABLES HIGH SCHOOL, DADE COUNTY, FLA.; KATHY, STUDENT, DADE COUNTY (FLA.) PUBLIC SCHOOLS; BRAD RUBEN, RESEARCHER, PROGRAM ANALYSIS DIVISION, PUBLIC SCHOOL SYSTEM, DADE COUNTY, FLA.; RUTH CAUSEY, CHAIRMAN, FAMILY HEALTH EDUCATION, CONGRESS OF PARENTS AND TEACHERS, DADE COUNTY, FLA.

Mari. It is unknown. Okay?

Chairman **Pepper.** Pardon?

Mari. I do not care to give my name out.

Chairman **Pepper.** Very well. Are you in school anywhere?

Mari. Yeah, in Gables, in——

Chairman **Pepper.** In Coral Gables high school?

Mari. Right.

Chairman **Pepper.** Go ahead.

Mari. I would like to know where these two gentlemen get their information from, because I have been suspended and I have friends who have suspended, and during the 10 days or the 30-day period that we have been suspended for, our parents have never known about it. We have never gotten anything in the mail. They do not know what we are doing. We just go out and we do whatever we want to do. There is no work assigned to us.

We are not sent anywhere, and that is all I would like to tell you.

Chairman Pepper. Does your friend want to make any statement?

Statement of Kathy

Kathy. I was suspended two times, and my parents only knew once.

Chairman Pepper. I would like to ask you to come back just a minute.

Would you give us your recommendations? You are a student, and obviously a very intelligent young lady. You have heard the testimony here, and we want to know what can be done about this problem. Have you any recommendations for the committee?

Mari. Well, some of it I think is really like beating around the bush, if I can say that, because I do not—I do not see that you can separate these people. Like you always use heroin addicts as a term, and it is just not heroin addicts you know. That is not all there is. There are like what Mr. Gibber said the first day, there are users, you know, and there are abusers, and if you separate these people into one group, it is not going to do any good. For example, separating ignorant people and putting them in one sector, they are not going to learn anything from each other. They are just going to learn the same thing, or maybe even something more worse than that. And if you put all heroin addicts, as you like to say, in one group, they are not going to learn very much from that at all.

I can see your point, like you do not want to get the other innocent people involved in it, and also this group Seed, these people when they come out it is like brainwashing. They are not allowed to associate with people at all.

Like I had a friend who went into I think it was Operation Reentry, and when she came out I went up to her and I said hi, how are you feeling, you know, how are you doing, and she said I cannot talk to you, you are negative.

Kathy. They are allowed to when they come out.

Mr. Phillips. Perhaps the reason they are suggesting that is that you may have been involved with them in drugs, and that they are not supposed to go and associate with people who have been involved with them in drugs. Might that not be the reason?

Kathy. It is the reason.

Mr. Phillips. That is the reason, not to associate with people if you have just gotten straight, yourself, and you do not want to go back and associate with people taking drugs.

Chairman Pepper. Do you think a program that would be effective can be carried out in the schools, themselves?

Mari. OK. We have got in our schools what is called HUG, and it is human understanding and growth, and it has just been going on for like say less than 6 months, and it is very good. Like that is what Mr.

Gibber was talking about to you before, and it is like for as long as it has been going on I think it is doing really well, because people are beginning to know about it, and they have come in, and we have helped a lot of people.

And it is going on next year, too, hopefully. But, it has been very looked down upon by all of the staff.

Chairman PEPPER. Is that Coral Gables High School?

MARI. Right; it has been very looked down upon by the school, like they just got rid of the three best teachers.

Chairman PEPPER. What sort of a program is that, and what do they do for the students?

MARI. It is like any kind of help you can go to, and they are not just drugs. If you just want to go there and talk, they have counselors in there who are trained to deal with people, or just kid counselors. It is like peers, you know, and they just go in, and the kids can just come in anytime they want to.

Chairman PEPPER. Is this agency set up by the school, itself?

MARI. It is mostly set up by——

Chairman PEPPER. The school, itself?

MARI. No, it is the kids in the school who wanted to do it, and Miss Sommer, who was here.

Chairman PEPPER. Voluntary people?

MARI. Right; right.

Chairman PEPPER. Voluntary people setting the program up in the school with the permission of the authorities?

Mr. YOUNG. The gentleman who set the program up is a school counselor assigned to that school. It is not an outside volunteer thing. It is something that the school has done, itself.

Chairman PEPPER. I see, through the counselor. Is that your idea as to how it is operated?

MARI. That is what it is. But most of the school staff, like the principal and everything, I, myself, feel that they are very against it because they think it is a place where the kids can hang out, because like, you know, a lot of kids do go in their at lunchtime and everything.

After all of the things that have happened outside, you can't go anywhere now.

Chairman PEPPER. Well, I wonder just how extensive is the use of drugs by the students at the Coral Gables High School?

MARI. Well, I think like—I do not know because I do not like to deal with percentages, so I really could not tell you.

Chairman PEPPER. Is there quite a volume of it, quite a bit of it?

MARI. Yeah.

Chairman PEPPER. I see. Any questions of the young lady?

Thank you very much. We appreciate your coming up.

Now, this gentleman wants to say something. Come right up. Would you care to give us your name?

Statement of Brad Ruben

Mr. RUBEN. I am Brad Ruben, and I do research for Dade County, and I work with the program analysis division. At this time I am working on a report of the drug programs in Dade County.

There is really only one reason that I want to talk to you today and that is because I wanted to dispel any idea you have that professionals are not doing their job in Dade County. I am not sure if you heard about the Genesis House program in Dade County, but this is the only program that is operated entirely by professionals.

Chairman PEPPER. What is the name of it?

Mr. RUBEN. Genesis House, and this program, from the information that I have, as a field interviewer, is the only program that is really working effectively.

Chairman PEPPER. Where is that located?

Mr. RUBEN. That is located in Perrine, Fla. This program is working effectively because it is small. It works with young people ages 14 to 21, girls only, and is run entirely by professionals. But, the reason that the other programs it appears are not working well is because these programs are being interfered with by administrative tactics rather than professional tactics, where professionals are allowed the freedom to carry out programs the way they see fit. The programs do their work well.

In Dade County the comprehensive program at Jackson Memorial Hosipital is having its own problems because the professionals there are feeling that they are being interfered with much too extensively by the administrators.

As a matter of fact, the most prominent professional in the program has just recently left because she felt, herself, that she could not do the work that was necessary to be done because of administrative interference.

So, I feel that it is really unfair to say that professionals are not doing their job, or that they cannot do their job when they are given the chance and opportunity.

Chairman PEPPER. Well, thank you very much. We appreciate your giving us your views.

We are going to hear the other two people and then we will have to go because we have run so late.

Do you want to say something else, Kathy?

KATHY. I have a suggestion. When you suspend a kid from school that you do have a followup program on it, because I was suspended two times, and I was caught three times. They said I was on drugs, and I was, but I never admitted it to them and they told my parents that I was, and they never had any followup at all.

The one time my parents never found out because they were out of town, and I had my sister call for me, and she went to school and talked to them, and they brought it down from 30 days to 2 days, and I took the letter out of the mail, and my parents never found out.

And the letter that came said that I was skipping 10th period, and the reason I was suspended was because I was on drugs, and that is what they said in the letter, was because I was cutting classes, and for 30 days you do not get suspended for that, and that was the only letter that ever came to our house, and I got it.

Chairman PEPPER. Nobody checked up during the 30 days to see what happened to you, or anything?

KATHY. They brought the suspension down to 2 days. My sister went to school and talked to them, and they will do that if you have someone to go to school, they will bring the suspension down. But, there is no followup programs. I know zillions of kids that get suspended, and they go out, and like I say, get stoned while they are suspended, and there is no followup program at all. And they just get in more trouble, and I was never expelled, or anything, and I was caught three times.

But, there was nothing—they didn't do anything for me.

Chairman **Pepper**. What kind of a program do you think we should have in the schools?

Kathy. I think if they think someone is on drugs they should suggest to them a program, explain what it is about and everything. You cannot force them to go because unless they make their own mind they are not going to go straight because a lot of people also suggested to me, Here's Help, and all of those programs, and I never would go.

And I finally went to one, myself, Ben Sheppard's group, and I do not know. It helped me. I went straight. I go a great deal to the one in Perrine now, and I get a lot out of that, and that was the only way, when you made up your own mind, my own mind, that I would go straight, and that is the only way you can do it.

Chairman **Pepper**. Well, that is very interesting.

Kathy. That is where the kids were today, they are the kids we counsel.

Chairman **Pepper**. Were you with Dr. Sheppard's group today?

Kathy. Yeah, and the kids we counsel.

Chairman **Pepper**. Mr. Mann and I were speaking to each other about it at lunch, and were you all on methadone in Dr. Ben Sheppard's clinic?

Kathy. No. I never was addicted to it.

Chairman **Pepper**. But in the clinic, itself, does Dr. Sheppard use methadone on the young people that he tries to help?

Kathy. I was not in the methadone clinic. These are sessions, group therapy. It is a separate thing, and I do not think he does it on young kids, as far as I have heard.

Chairman **Pepper**. What is the name of the one you were in?

Kathy. It doesn't have a name. Kids just know Dr. Sheppard's meeting.

Chairman **Pepper**. How is it distinguished from his methadone clinic?

Kathy. Well, the methadone clinic—they have a sign on these meetings, and the kids in our meetings, we do not have anybody that's addicted. We have one girl, but that's it, and she was addicted, and now she's not. These are kids that are using drugs, and they are into them serious and you do not realize just because you don't use heroin that it is not serious. You can be killed just as easily on anything else, and the drug problem is not just heroin. It is other things that are more popular in the schools, anyway. Down here you do not find that much heroin in the schools as you do everything else.

Chairman **Pepper**. Are drugs bought and sold in the schools here?

Kathy. Well, sure they are. That's where the kids are and that is where the drugs are going to be.

Chairman **Pepper**. I see. Well, thank you very much. We appreciate your help. You have been very helpful.

Now, this lady, would you care to say anything?

Statement of Ruth Causey

Chairman Pepper. Come up here, and will you please give your name and position that you hold? You are in the PTA?

Mrs. Causey. Yes, thank you. My name is Ruth Causey, and I am the family health education chairman, and also of the children's emotional health program of the Congress of Parents and Teachers, and also the County Parents and Teachers, and I had heard that someone was asking where the PTA was, earlier. I was on my way to the grocery store, but here I am.

Chairman Pepper. Thank you very much. We are glad to have you.

Mrs. Causey. But, I am not the health chairman who more properly concentrates on this particular problem. But, we did want you to know that we are very cognizant of this program, and we have been involved in many programs, helping people with workshops, with conferences, with study groups, and with local unit programs and Dade County programs, and State programs which involve, among other things, education about drugs with parents and students, and the PTA's, and with as many of the teachers and professionals as can be involved.

We also have volunteers trained to go into the third grades and show the film "Drugs Are Like That," which is a locally produced film with which I am sure you are familiar. Our PTA workers do man the clinics and help with the OD's that sometimes appear.

We have tried. We have a national resolution about education concerning drugs. This year there was added to that resolution an emphasis upon prevention. We do have, at the national level our NIMH grant for children's emotional health project, which is a 3-year project extended through this year. And perhaps we will get a further grant with perhaps more emphasis on the very serious problem of drugs.

But, this is a preventative program, and in the course of this we have had 20 conferences throughout the State of Florida covering all of our districts, and one big one. We have had three in Dade County.

This is not just on drugs. This is on the emotional health of children.

Mr. Phillips. Excuse me. You said something about you assist in overdoses?

Mrs. Causey. No, I am saying that we help in the clinics just as a traditional function you help in the school health room, or clinic, or it has been known by various names.

Mr. Phillips. And they have overdoses there?

Mrs. Causey. And there are times when kids are brought in where there is a possibility of an overdose.

Chairman Pepper. You help?

Mr. Phillips. You help out in that situation?

Mrs. Causey. Well, we are there in the clinic so, therefore, we do help out.

Mr. Phillips. Thank you. I am sorry to interrupt.

Mrs. Causey. That is all.

Chairman Pepper. I know the PTA has always done a fine job, and we sure hope you will help devise and implement a system and procedures and programs that will be helpful at these meetings.

Mrs. Causey. We have worked for the preventive things, such as we worked very hard at the State level, and we have a lobby to get more guidance counselors. This was a successful effort. We feel that this is one way to prevent. We also hope that we will get an institute for referral, such as training in mental health done here in Dade County, one of the two State institutes which will help research some of the problems and train people in working with these parents and the teachers, as well.

This is our focus now, prevention, and we did a saturation job on drugs so that people will not come to a meeting any more if you call it drugs, so what you have to do is call it something else and give the people the opportunity to hear about it, and to talk about the things which perhaps lead up to drug usage, so that the kids not be given a negative choice of drugs instead of another way to go.

Chairman **PEPPER.** Well, we certainly thank you, and we hope the grocery store hasn't closed. Thank you very much.

Mrs. **CAUSEY.** I will leave our survey with you. It was an inhouse thing but we did try to cover the State, and we think our findings are significant.

Chairman **PEPPER.** Please leave it with the staff. We are very, very pleased to have it.

By the way, before we adjourn, I want to express the committee's thanks to the school authorities here for allowing us to use their very fine facilities.

The committee will now adjourn.

(Thereupon, at 6:20 p.m., the hearing was adjourned to reconvene Thursday, September 21, 1972, entitled "Drugs in Our Schools, Chicago, Ill.")

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